

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

37547

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 1002)

Registration District No. 791  
Primary Registration District No. 1002

File No.....  
Registered No. 10626  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Joseph Kroenung St. 4 Ward.

Chesterfield T1W  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
50 9 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ernst Kroenung

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Binkel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT George Kroenung  
(Address) Chesterfield Mo.

15. FILED NOV -9 1930 W. C. ... REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930 to Nov 8, 1930

that I last saw him alive on Nov 7, 1930 and that death occurred, on the date stated above, at 5:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Infarction,  
Sudden (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) enlarged heart  
prostate (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED.**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. Moore M. D.  
, 19 (Address) 774 Pine Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sumbo T1W. DATE OF BURIAL 11/10 1930

20. UNDERTAKER Schrader ADDRESS Baldwin Mo.

N. B.—Every item of information on this certificate is important. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

