

JUN 12 1937

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

Do not use this space.

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18334

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis, (No. 1916 So. Ninth St.) St. .... (Ward)

File No. ....  
Registered No. 4910

2. FULL NAME Anna Kroeger

(a) Residence, No. 1916 So. Ninth St. St. 23 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 Female 4. COLOR OR RACE White 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) Nov. 27, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 75 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Herman Kroeger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Adelheid Niemann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Wm. P. Kroeger  
(ADDRESS) 4423 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL  
SS. Peter & Paul Cem. DATE May 15, 1937.

19. UNDERTAKER J. H. Gibson L. & Co.  
(ADDRESS) 2842 Meramec St.

20. FILED MAY 14 1937 J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17<sup>th</sup>, 1936, to May 11<sup>th</sup>, 1937

I last saw h. or alive on May 11<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial neph.  
Chronic Myocarditis

Other contributory causes of importance

Name of operation ..... Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. F. Henke, M. D.

(Address) 900 Russell Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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