AUG - 5 1937

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

Do not use this space.

File No. 25649

Registered No. 6523

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St Louis (No. ....., ... St. ..... Ward)

Josephine hospital

2. FULL NAME William Krooker

(a) Residence, No. 4209 Kossuth Ave St., 10 Ward.
(Usual place of abode) (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Krooker Nee Oswald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1st 1867

7. AGE: Years 69 Months 9 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME: Thomas Kroeker

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

MOTHER

15. MAIDEN NAME: Mary Pabst

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

17. INFORMANT (ADDRESS): Mary Kroeker 4269 Kossuth AAve

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 17th 1937

19. UNDERTAKER (ADDRESS): Stroot Carroll 4600 Natural Bridge Ave

20. FILED JUL 16 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/30/36 to 7/14/37, 19..... I last saw him alive on 7/14/37, 19..... Death is said to have occurred on the date stated above, at 9 pm m.

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

	Date of onset
Chronic Interstitial Nephritis	1/30/37
Other contributory causes of importance:	
Hypostatic Pneumonia Bronchial	7/2/37
Acute Myocarditis due to nephritis	7/11/37

Name of operation none Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

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?

If so, specify

(Signed) Stephen Vegeau, M. D.

(Address) 3202 Park

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.