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

NOV 15 1937

791

36294

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9871

(c) City St Louis (d) Street No. City Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Gustav Kroeter

(a) Residence, No. 2828 N 21st St St. 20

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ethel Zoch Kroeter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1895

7. AGE: Years 42 | Months -- | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Yellow Cab Co

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) Germany

FATHER

13. NAME Martin Kroeter

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

MOTHER

15. MAIDEN NAME Paulina Grimm

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

17. INFORMANT Ethel Kroeter (ADDRESS) 2828 N 21st St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE Oct 25, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral Home Inc (ADDRESS) 1936 St Louis Ave

20. FILED OCT 25 1937 J. H. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:10 A M m.

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

Date of onset

Haemorrhage due to laceration of Spleen and fracture of pelvis, suffered when taxicab driven by deceased was sturck by Buick Sedan driven by one, Gordon Matusofsky at the intersection of Euclid and Laclede about 12:55 A.M. October 22nd, 1937. Criminal Carelessness.

Other contributory causes of importance:

194 lb 210 wt

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

Accident, suicide, or homicide? Crim. C Date of injury 10/22, 1937

Where did injury occur? St. Louis, Missouri.

(Specify city or town, county, and State)

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

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred Gray, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krispin

, Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)