

FEB 12 1938

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

791
1003

567
Do not use this space.

1: PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Christian 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha E. Kroeger 626
 (a) Residence, No. 5167 Palm St. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George B. Kroeger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29, 1873</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as 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) <u>Weldon Springs Mo.</u>		
FATHER	13. NAME <u>William Fey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis County Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Long</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles County, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Dr. Geo. B. Kroeger</u> <u>5167 Palm St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters Cem.</u> DATE <u>Jan. 14, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Wm. F. Paschedag</u> <u>2825 N. Grand Blvd.</u>		
20. FILED <u>JAN 12 1938</u> <u>J. Bredeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938, 1938
 I HEREBY CERTIFY that the deceased died from Heart Dec. 11, 1938, to Dec. 12, 1938
 I last saw her alive on Dec. 11, 1938 Death is said to have occurred on the date stated above, at 1:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia 1938 Date of onset
 Other contributory causes of importance: 708
 Name of operation..... Date of.....
 What test confirmed diagnosis? Hospital as 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? No
 If so, specify.....
 (Signed) Joseph Davie M. D.
 (Address) 653 Century Bldg

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.

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag Licensed Embalmer No. 2311
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson
..... L. E.
No. 3575 or by Registered Apprentice No.
working under my personal supervision.
Signed Wm. F. Paschedag
Licensed Embalmer No. 2311

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.)