

REC'D MAR 24 1938

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

8157

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Clayton Primary Registration District No. _____ Registered No. 354
 (c) City Webster Groves (d) Street No. Webster Groves Mo. _____ 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 Alice Kratz 1-32

(a) Residence, No. 7422 Devonshire Ave. St. Webster Groves
 (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 Female 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 William C. Kratz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 - 18

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

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) Fruita Colorado 210 W 14th

FATHER 13. NAME Edia Hoy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Francis A. Hoy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

17. INFORMANT William C. Kratz
 (ADDRESS) 7422 Devonshire

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lakewood Park Cem. DATE February 25, 1938

19. FUNERAL DIRECTOR Goghan and Co
 (ADDRESS) 7146 Manchester Ave.

20. FILED 2-24 19. 35 R. M. S. P. A.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22/38 19

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 a. m.

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

Fractured skull due to injuries cause in crash motor vehicle 2/22/38
 Date of onset

Other contributory causes of importance:

Fractured skull
Cerebral hemorrhage 2/22/38

Name of operation None Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident (?) Date of injury 2/22, 1938
 Where did injury occur? Webster Groves Mo.
 (Specify city or town, county, and State)

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

Manner of injury _____
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) John O. Connelley, M. D.
 (Address) Carover, St. Louis

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed M. J. Croghan

Licensed Embalmer No. 2622

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