

REC'D JAN 11 1939

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

41518

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township 1008 Primary Registration District No. 11210
 (c) City St. Louis, Mo. (d) Street No. City Infirmary St. City Infirmary
 (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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

626 Lizzie Kroeger
 (a) Residence, No. 5800 Arsenal St. 13
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 — 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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)
Unknown
Germany

FATHER 13. NAME Fred Wm. Kroeger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown
Germany

MOTHER 15. MAIDEN NAME Charlotte Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
"
Germany

17. INFORMANT (ADDRESS) J. G. Sullivan
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem DATE 12-30-38

19. FUNERAL DIRECTOR (ADDRESS) St. Louis Mort Co
1417 E. Market St.

20. FILED DEC 29 1938 19 J. J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938 to Dec. 28, 1938

I last saw her alive on Dec. 28, 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Broncho pneumonia Date of onset 12/24/38

Other contributory causes of importance:

Name of operation None Date of No
 What test confirmed diagnosis? H. & P. E. 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) George M. P. P. P. M. D.
 (Address) 5600 Arsenal St.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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 *John P Buchholz*

Licensed Embalmer No. *1674*

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.)