

REG'D MAR 21 1939

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

7349
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township Reich Primary Registration District No. 3031 Registered No. 22
 (c) City Maryville (d) Street No. _____ 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 Fredrick A. Kroetch

(a) Residence, No. 822 E. 2nd. St. St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia M. Kroetch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1856.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) Ontario, Canada.

13. NAME John D. Kroetch

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

15. MAIDEN NAME ---Reich

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

17. INFORMANT Miss Louise Kroetch
 (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception DATE Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) Cummins Furniture Co.
 (ADDRESS) Maryville, Mo.

20. FILED 2-17-39 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Feb. 14, 1939
 I last saw him alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 6:40 P.M.
 The principal cause of death and related causes of importance were as follows:

General arteriosclerosis (not known)

Date of onset

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. A. Blosser, M. D.
 (Address) Maryville Mo.

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.

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RECEIVED

District Health Officer No. 11,

District File Number 11-39-135

Date Filed MAR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 1675

P. O. Address Maryville

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.)

If this body is not embalmed, above space should be left blank.