

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.

REC'D AUG 17 1939 791

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **6071**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4818 Carter Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **60 Years**
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** 7
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4818 Carter Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Charles H. Kronsberg** *L.S.P.*
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **497-01-5473**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Doratha W. Kronsberg** 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **Feb. 22, 1879**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	3	16	_____ hr. _____ min.

9. Birthplace **Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Heine Boiler Works**

12. Name **Charles Kronsberg**

18. Birthplace **Germany** **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Minnie Barkers**

15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Doratha Kronsberg**

(b) Address **4818 Carter Ave.**

17. (a) **Burial** (b) Date thereof **July 10, 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **J. F. Paschedag**

(b) Address **2825 N. Grand Blvd.**

19. (a) **Jul 10 1939** (b) **J. F. Paschedag**
 (Date received for registration) (Signature of registrar)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
 year **12** hour **15** minute **A** M.

21. I hereby certify that I attended the deceased from **May 31**, 1939, to **July 8**, 1939;
 that I last saw him alive on **July 7**, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Right hemiplegia due to arterio-sclerosis** Duration **4 months**

Due to **Hypertensive arterio-sclerotic disease** 1930

Due to _____

Other conditions **Chronic myocarditis**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury **1**

23. Signature **John J. Fort T. D.** (M. D. or other) _____

Address **4703 Carter Ave** Date signed **7-8-39**

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

Robert G. Kasper
..... Licensed Embalmer No. *0971*

P. O. Address.....

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.