

REC'D AUG 17 1939 **791**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
**St. Anthony Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether)  
 In this community **65 yrs., 9 mos., 10 das.**  
years, months or days)

**1008**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2804 South Jefferson Avenue**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**24**

3. (a) PRINT FULL NAME **Caroline Kroell** **640**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Kroell** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 6, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>9</b>	<b>10</b>	hr. _____ min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Andrew Kolley**

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

14. Maiden name **Margaret Ulrich**

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

16. (a) Informant's own signature **Wm. Kroell - Son**

(b) Address **2804 S. Jefferson, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **July 19, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul Cem.**

18. (a) Signature of funeral director **C. Hoffmeister & Co**

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) **JUL 18 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**  
 year **1939** hour **8** minute **A** M.

21. I hereby certify that I attended the deceased from **June 15, 1939**, to **July 16, 1939**; that I last saw her alive on **July 15, 1939**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Arterio-sclerosis**

Due to \_\_\_\_\_  
 Other conditions **Diabetes Mellitus**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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! \_\_\_\_\_

23. Signature **Charles Ehlers** (M. D. or other **M.D.**)  
 Address **7201 So. Broadway** Date signed **7/17/39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WHITE TRAINING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1931

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**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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broad*

**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.**