Dr. Ossman
OCT 9 1939

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

32222
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township or (c) City Jefferson — Primary Registration District No. 3014 — Registered No. 225
(d) Street No. St. Mary's Hospital 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 246 John Henry Kroll
(a) Residence, No. 1113 Vinyard Square St.
(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: Male
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) July-13-1889
7. AGE: Years 50 — Months 2 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. State income
9. Industry or business in which work was done, as saw mill, bank, etc. tax field agent
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) St. Louis, Missouri

FATHER
13. NAME Joseph Kroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Buescher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Mrs. C. W. Walker
(ADDRESS) 1054 Trelane, Webster Groves, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Sept-29-39

19. FUNERAL DIRECTOR Thos. L. Gordon
(ADDRESS) Jefferson City Mo

20. FILED 9/29/39 19 H. A. Bequal M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept 27, 1939, I last saw him alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 4:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease (Mitral Stenosis)	
Other contributory causes of importance: Pulmonary edema due to Right ventricular failure	

Name of operation ..... Date of ..... No
What test confirmed diagnosis? ..... 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) Julian A. Ossman M.D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ATTENDING SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Ferd P Dulle, Registered Apprentice No. ..... working under my personal supervision.

Signed Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

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

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