DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37522

Registration District No. 1003 — Primary Registration District No. — Registrar's No. 9361

1. PLACE OF DEATH:

(a) County 8

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town StLouis 10 (If outside city or town limits, write "RURAL")

(d) Street No. 2821 N Spring (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret Krois 620

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Krois

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 26 (Day) 1882 (Year)

8. AGE: Years 57 Months 5 Days 4 15 If less than one day hr. min.

9. Birthplace St louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home 0

11. Industry or business 0

FATHER
12. Name George Thorn
13. Birthplace (City, town, or county) Germany 0 (State or foreign country)

MOTHER
14. Maiden name Julia Woods
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Helen Bruenger

(b) Address 4110 a Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 3 (Day) 39 (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A Kron L & U Co

(b) Address 2707 North Grand Bl.

19. (a) NOV 1 1939 (Date received local registrar) (b) J. F. Budach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1939 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from about 8 years, 1931, to 5 day of death, 1939; that I last saw her alive on 10-29-, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis many years standing

Due to I do not know

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

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? 1 (Specify type of place)

While at work? (e) Means of injury

23. Signature W.H. Foster, M.D. (M. D. or other)

Address 1492 Hodiamont Av city Date signed 10/1/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—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.

50M-5-17-39 Rev. 5-17-39 I X19511

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 Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 1707 N. Grand

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.