

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21553**

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **154**

1. PLACE OF DEATH

(a) County **Cal**
(b) City or town **Jefferson City**
(c) Name of hospital or institution **St. Mary's Hospital**
(d) Length of stay: **one wk**
In this community **all his life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cal**
(c) City or town **St Thomas Mo**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME **JOSEPH KROGG, UD**

8. (b) If veteran, name war **no** 8. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Gertrude Krall** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Sept 13 1873**

8. AGE: Years **67** Months **9** Days **11** If less than one day hr. min.

9. Birthplace **St Thomas Mo**

10. Usual occupation **Farmer**

MOTHER FATHER
12. Name **Theodore Krall**
13. Birthplace **Germany**
14. Maiden name **Elizabeth Day**
15. Birthplace **Germany**

16. (a) Informant **Alphonse Krall**
(b) Address **St Thomas**

17. (a) Burial, cremation, or removal **Burial** (b) Date of burial **June 26-40**
(c) Place: burial or cremation **St Thomas Mo**

18. (a) Signature of funeral director **W. H. Strafe**
(b) Address **St Thomas Mo**

19. (a) **6/25/40** (b) **Alphonse Krall**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1940** hour **9** minute **9** M.

21. I hereby certify that I attended the deceased from **June 18**, 1940, to **June 24**, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**
Due to **Chronic nephritis**
Back to **orthopedic**

Other conditions (include pregnancy within 3 months of death) **21**

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

23. Signature **W. H. Strafe** (M.D. or other) **1**
Address **Jefferson City Mo** Date signed **6-24-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 H H Strop

Licensed Embalmer No. 2924

P. O. Address Meta Mo

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.