

Registration District No. Kroin 791

Primary Registration District No. 1003

Registrar's No. 9766

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution:  
Jewish Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 27 yrs years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 6  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5331 Ridge (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 27 years.

3. (a) PRINT FULL NAME Joseph Kroin (also known as Kron)

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowe

6. (b) Name of husband or wife Ruth Kroin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased ab. 1872 (Month) 1877 (Day) (Year)

8. AGE: Years 68 Months 6 Days 7 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Volhynia Russia (City, town, or county) (State or foreign country)

10. Usual occupation Hebrew teacher

MOTHER FATHER

12. Name Hyman Kroin

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

14. Maiden name Ida Pearl (unk) (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Anna Kalmas

(b) Address 5331 Ridge

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director H. B. Berger 4715 McPherson

(b) Address \_\_\_\_\_

19. (a) NOV 28 1940 (Date received local registrar) (b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1940 hour 12:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11/24/40 to 11/28/40, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 11/28/40, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction prob?  
Cause undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Jewish Hosp St Louis Date signed 11/28/40

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

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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.

Not embalmed

Signed

Herbert I. Berger

Licensed Embalmer No. 1597

P. O. Address St. Louis

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of MISSOURI  
County of ST. LOUIS ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 9766

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 day of Dec, 1940, before me appears \_\_\_\_\_

Anna Kalmus who, upon her oath, states that the original record of birth death for JOSEPH KROIN (KRON) <sup>DIED</sup> 11/28/1940 <sub>BORN</sub>, 19\_\_\_\_, in the State of Missouri, and which was filed at 11/28/1940 on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 3 should read JOSEPH KROIN (ALSO KNOWN AS KRON)

Instead of \_\_\_\_\_ JOSEPH KROIN

Item No. 7 should read ABOUT 1877

Instead of \_\_\_\_\_ ABOUT 1871

Item No. 8 should read ABOUT 63

Instead of \_\_\_\_\_ ABOUT 69

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) \_\_\_\_\_ Affiant X Anna Kalmus Relationship Daughter

5331 Ridge Ave.  
Present Address

Subscribed and sworn to before me this 13 day of December, 1940

My Commission expires Aug-17-1943 R. F. Berger Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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(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:  
.....  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5331 Ridge Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 28  
year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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..... (M. D. or other)  
Address..... Date signed.....

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

3. (a) PRINT FULL NAME Joseph Kroin (Kron)

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

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased.....  
(Month) (Day) (Year) ab't 1877

8. AGE: Years Months Days If less than one day  
ab't 63 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....  
17. (a)..... (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a) 12-13-40 (b) J. T. Bredbeck  
(Date received local registrar) (Registrar's signature)

5-37493

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**