

FILED FEB 24 1943

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Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hosp. 0
(d) Length of stay: In hospital or institution 1 Hour
In this community 52 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 9 19
(d) Street No. 4326a N. Florissant Ave. 0
(e) If foreign born, how long in U. S. A.? 52 Years. years.

3. (a) PRINT FULL NAME Marie C. Kroie

3. (b) If veteran, name war None (c) Social Security No. None

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

6. (b) Name of husband or wife Fred Kroie 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown 13. Birthplace Germany 14. Maiden name Unknown 15. Birthplace Germany

16. (a) Informant Herbert Kroie (b) Address 4326a N. Florissant

17. (a) Burial (b) Date thereof 1/19/42 (c) Place: burial or cremation Friedens

18. (a) Signature of funeral director M. W. Stark (b) Address 2117 E. Grand Blvd.

19. (a) JAN 19 1942 (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1942 hour 11. minute 10 P. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Arteriosclerosis

Other conditions (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? (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 W. H. Perry (M. D. or other) Address Date signed 1/18/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E 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.