

FILED JUL 28 1942 791

State File No. _____
Registrar's No. 6041

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution 17 Days
In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4500 Washington Blvd.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Elizabeth C. Kroeger

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 15, year 1942 hour 6:00 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Kroeger 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased July 8, 1863

21. I hereby certify that I attended the deceased from June 29, 1942 to July 15, 1942
that I last saw her alive on July 15, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>7</u>	hr. min.

Immediate cause of death Senile psychosis

9. Birthplace St. Louis Missouri

Due to _____
Due to 11/17

10. Usual occupation None

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

11. Industry or business _____

PHYSICIAN

12. Name Henry Broeker

Major findings:
Of operations _____
Of autopsy _____

13. Birthplace Germany

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

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? _____

15. Birthplace Germany

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

16. (a) Informant Rev. J. Overback
(b) Address 4500 Washington Blvd.

23. Signature John E. Miksaick
Address 1515 Lafayette Ave. Date signed 7/16/42

17. (a) Burial (b) Date thereof July 18, 1942
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) Julius J. Overback (b) J. J. Overback
(c) 844 (Registrar's signature)

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

MOTHER FATHER

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.....

John A. Mlinar....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4186*.....

P. O. Address.....
St. Lewis, 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, fact should be so stated above.