

ED. APR 19 1943
Registration District No. **18**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3526a N. Grand Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles F. Kroemeke

3. (b) If veteran, name war World

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 14 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Electrical Appliance

11. Industry or business Business

12. Name Charles Kroemeke

13. Birthplace Unknown Germany
(City, town, or country) (State or foreign country)

14. Maiden name Anna Schville

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin J. Kroemeke

(b) Address 101 Lake Forest

17. (a) Burial (b) Date thereof 4/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 2 1943 (b) J. F. Breuck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3526a N. Grand Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31,
year 1943 hour 7:00 minute _____ M.

21. I hereby certify that I attended the deceased from 3-22-43 19. to 3-31-43 19.
that I last saw him live on 3-31-43 19.
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to angina pectoris

Due to 9/22/42

Other conditions Coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? _____ (Specify type of place)

(e) Means of injury heart

23. Signature J. M. J. Hermann (M. D. number) _____

Address 2739 N. Grand Date signed 4-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 18 1943

MAY 20 1943

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 William J. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.