

FILED NOV 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2462

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Chesterfield,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Old Olive St. Rd.  
(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 23 years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,  
(c) City or town Chesterfield,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway #40/  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew H. Kroeger,

3. (b) If veteran, name war none 3. (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 Sela Kroeger, 6. (c) Age of husband or wife if  
alive 53 years  
7. Birth date of deceased June 24 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation General merchant,

11. Industry or business Own Store

MOTHER FATHER { 12. Name Andrew H. Kroeger,  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna E. Buechler,  
15. Birthplace Bellerive, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sillie E. Wallace,  
(b) Address 5217 Conde, St. Louis, Mo.  
17. (a) Burial (b) Date thereof Nov. 7, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Schrader Funeral Home,  
(b) Address Ballwin, Mo.

19. (a) NOV 5- 1943 (b) E. H. McNaughton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
April 15 1943 to 11/3 1943  
that I last saw him alive on 10/25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis,  
arterio-sclerosis - hypertension  
Due to Coronary disease  
arterio-sclerosis - hypertension 6 yrs.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 9/4/43

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 \_\_\_\_\_  
Signature Thomas C. Pond (M.D. or other)  
Address 4660 Maryland Date signed 11/3/43

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.

Signed

*Geo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Ballwin, 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.**