

No. 2
-5-43
5-17-39
I X3867

FILED MAR 27 1944 318

Primary Registration District No. 1003

Registrar's No. 2614

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

1. PLACE OF DEATH:

(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:
1119 Montgomery Str /
(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)

3. (a) PRINT FULL NAME Emilie M. Kroeger

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

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

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

7. Birth date of deceased June 13. 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name F. William Kroeger

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

14. Maiden name Dorothy Frankenberg

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

16. (a) Informant Clara Kroeger

(b) Address 1119 Montgomery Str.

17. (a) Burial (b) Date thereof 3/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. D. Strick

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 19 1944 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1119 Montgomery Str.
(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 17 .
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 3/13 1944 to 3/17 1944
that I last saw her alive on 3/17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Left lobar pneumonia Duration 2 days.

Due to.....

Due to.....
Other conditions Influenza 2 days.
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
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 J. P. Berman (M. D. or other) Date signed 3/18/44
Address 1225 E. Grand

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, fact should be so stated above.