

FILED OCT 7 1946
STANDARD CERTIFICATE OF DEATH 1003
318

State File No. **31938**
Registrar's No. **8408**

Registration District No. _____

Primary Registration District No. _____

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:
St. Louis Maternity Hospital
(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

Infant Kroeger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased August 14, 1946
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Wilbert Kroeger
13. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
14. Maiden name Janet Kaley
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Maternity Hosp Record

(b) Address 630 S. Kingshighway

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof SEP 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) SEP 20 1946 (Date received local registrar) F. J. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 10 17 19 10
(d) Street No. 3527 Fair (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 4 minute 55p M.

21. I hereby certify that I attended the deceased from August 14, 1946 to August 18, 1946
that I last saw him alive on August 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from esophageal varices

Duration

Due to _____

Due to 16/10

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

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 1

23. Signature J. C. Jarden (M. D. or other)

Address 3370 E. Euclid Date signed 8/19/46

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

30789

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.....

Licensed Embalmer No.....

P. O. Address.....

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.