

No. 2  
5-43  
1-17-39  
123671

FILED FEB 28 1948

Registration District No. **144**

Primary Registration District No. **3035**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Luxington**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Highland Ave**  
(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 **10 yrs** (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Lafayette**

(c) City or town **Luxington**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Highland**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **WILLIAM KROENEKE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** (b) Color or race **W**

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

6. (b) Name of husband or wife **Eleanor Maull**

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

7. Birth date of deceased **Oct 27 1877**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **0** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Concordia MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk Hotel**

11. Industry or business \_\_\_\_\_

12. Name **John Kroeneke**

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

14. Maiden name **Sophie Gresting**

15. Birthplace **Concordia MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Wm Cullon**

(b) Address **Luxington MO**

17. (a) **Burial** (b) Date thereof **1-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Luxington MO**

18. (a) Signature of funeral director **Hardesty**

(b) Address **Luxington MO**

19. (a) **10 Feb - 48** (b) **Wm E. Embrey**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27**  
year **1948** hour **9** minute **15 AM**

21. I hereby certify that I attended the deceased from **Jan 17** to **Jan 27** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion - with Myocardial Infarction**

Due to **Coronary Emboli**

Due to **Post Surgical**

Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **1207**

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? \_\_\_\_\_

23. Signature **W. J. Patton**  
While at work \_\_\_\_\_ (Specify type of work) Means of injury \_\_\_\_\_

Address **Luxington MO** Date signed **1/28/48**

Duration

1 hr

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-27-48

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

working under my personal supervision.

Signed

*Geo. McNear*

Licensed Embalmer No.

2983

P. O. Address

*Lansing, Mich*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5360  
Registrar's No. 12

Registration District No. 174

Primary Registration District No. 3031

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

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Wm Kroenke

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Oct 27 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days \_\_\_\_\_ If less than one day, \_\_\_\_\_ min.

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

10. Usual occupation Hotel Clerk

11. Industry or business Hotel clerk

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1942 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

013

S-5360-1948

3574