. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17742

Primary Registration District No. 1003

Registrar's No. 1818

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. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County 997
(c) City or town Bronxville, (If outside city or town limits, write "RURAL") 30
(d) Street No. UR, (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME RICHARD CLARK KROEGER.
3. (b) If veteran, name war World War I
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie Smith Kroeger.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 28 (Day) 1894 (Year)

8. AGE: Years 53 Months 4 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo (State or foreign country)
10. Usual occupation National Dairy Advertising
11. Industry or business New York
FATHER
12. Name Ernest R. Kroeger.
13. Birthplace St. Louis (City, town, or country) Mo (State or foreign country)
MOTHER
14. Maiden name Laura Clark.
15. Birthplace Salem, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Richard S. Kroeger.
(b) Address Bronxville, New York,
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) MAY 25 1948 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25 year 1948 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from May 17, 1948, to May 25 1948, that I last saw him alive on May 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Valvular heart disease	20 yr.
Due to	
Due to	
Other conditions: Cirrhosis of liver (Include pregnancy within 3 months of death)	6 yr.

Major findings:
Of operations
Of autopsy Yes; same as above

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Anthony B. Lay (M. D. or other)
Address 3720 Washington Date signed 5-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.