

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25545

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1657</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>University City</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		<u>4376</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-8211 Gannon</u>				d. STREET ADDRESS (If rural, give location) <u>8211 Gannon Avenue</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>George</u>		b. (Middle) <u>B.</u>	c. (Last) <u>Kroeger.</u>		(Month) (Day) (Year) <u>7 7 50</u>		male
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 4, 1875</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>4 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>medical doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>medicine</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Kroeger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Crossman</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte M. Kroeger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte M. Kroeger</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u>		DUE TO (b) <u>Coronary artery thrombosis</u>				<u>8 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterio-sclerosis</u>				<u>10 y - 7</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY) (STATE) <u>St. Louis</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>Dec 24, 1940</u> , to <u>July 7th, 1950</u> , that I last saw the deceased alive on <u>July 7th, 1950</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph Marie. m.w.</u>				23b. ADDRESS <u>906 Olive St</u>		23c. DATE SIGNED <u>7-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-50</u>		REGISTRAR'S SIGNATURE <u>Walter D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>			
				ADDRESS <u>St. Louis, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

Morr 10

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.