

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24887
Registrar's No. 5972

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 5972		
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 16		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2169		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3400 S. GRAND BLVD.				
3. NAME OF DECEASED (Type or Print) CHRISTOPHER			a. (First)		b. (Middle)		c. (Last) KROEGER	
4. DATE OF DEATH		(Month) JULY		(Day) 3		(Year) 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 28, 1866		
9. AGE (In years last birthday) 85		If UNDER 1 YEAR Months 0 Days 15		If UNDER 1 YEAR Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) GERMANY		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HENRY KROEGER			13b. MOTHER'S MAIDEN NAME MARY YEAGER			14. NAME OF HUSBAND OR WIFE MARY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME SISTER HENRY ADDRESS 3400 S. GRAND BLVD.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 324X				
22. I hereby certify that I attended the deceased from 6-19-51 , 19____, to 7-3-51 , 19____, that I last saw the deceased alive on 7-3-51 , 19____, and that death occurred at 4:15 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) F. J. Castagnaro M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 7-3-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/5/51		24c. NAME OF CEMETERY OR CREMATORY ST. PETER'S PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
DATE REC'D BY LOCAL REG. AUG 5 1951		REGISTRAR'S SIGNATURE J. B. Lacata		25. FUNERAL DIRECTOR'S SIGNATURE John H. Heberlein Sons ADDRESS 2630 Harrison Ave				

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

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 Robert F. Iselken.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois Ave.....

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.