

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10216

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2444	
1. PLACE OF DEATH a. COUNTY				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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				d. STREET ADDRESS (If rural, give location) 5455 Delmar Blvd			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) EFFIE		c. (Last) KROEGER.		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1873		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marissa, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Krier.			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Adolph Edward Kroeger.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adolph Edward Kroeger; St. Louis, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis Coronary Arteries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder					INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 12 yrs
19a. DATE OF OPERATION 3-11-52.		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder with pelvic metastases				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)			
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 4221 H			
22. I hereby certify that I attended the deceased from 12-22-1951 to 3-14-1952 , that I last saw the deceased alive on 3-13-1952 , and that death occurred at 12:18 A. m. , from the causes and on the date stated above.							
22a. SIGNATURE Alphonse M. Madon, M.D.				22b. ADDRESS 634 N. Grand Blvd.		22c. DATE SIGNED 3-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery; St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. MAR 14 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Melvin J. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

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.