

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13699**
Registrar's No. **3083**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **2 Yrs 26**
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.**
e. STREET ADDRESS (If rural, give location) **5800 Arsenal St.,** 2139
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3. NAME OF DECEASED (Type or Print)
a. (First) **Gus-August** b. (Middle) **John** c. (Last) **Kroeger** 4. DATE OF DEATH (Month) (Day) (Year) **April 5, 54**

5. SEX **Male** 6. COLOR OR RACE **Whit** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **March 14, 1874** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired-Stamper** 10b. KIND OF BUSINESS OR INDUSTRY **Metal Stamping** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Kroeger** 13b. MOTHER'S MAIDEN NAME **Mary ?** 14. NAME OF HUSBAND OR WIFE **None**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **E.F. Wagner** ADDRESS **204 State St., Madison, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
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 _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **450.0** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March 17, 1952** to **April 5, 1954**, that I last saw the deceased alive on **April 3, 1954**, and that death occurred at **10:15 A.M.** from the causes and on the date stated above.

22a. SIGNATURE **Valerie Annunzio Bowditch M.D.** (Degree or title) 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **4/5/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/7/54.** 24c. NAME OF CEMETERY OR CREMATORY **Sion Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **APR 6 1954** REGISTRAR'S SIGNATURE **Calvin F. Feutz** 25. FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz** ADDRESS **4848 Natural Bridge Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
John A. Minnar

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.