

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42296

State File No. _____

11195

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 11195			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (in this place) 1 WK		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home					e. STREET ADDRESS (If rural, give location) 12 530 No Union 2129						
3. NAME OF DECEASED (Type or Print) Bertha			a. (First)		b. (Middle) A		c. (Last) Kroeger		4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Aug 18, 1866		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mts. _____
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 (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fred Hofmann				13b. MOTHER'S MAIDEN NAME Anna Freund			14. NAME OF HUSBAND OR WIFE Henry J (deceased)				
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Kroeger 6315 Alexander					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the esophagus Over 6 mo.							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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Generalized arteriosclerosis Arteriosclerotic heart disease									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 150x							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? _____						
22. I hereby certify that I attended the deceased from July 1955 , to 12-20-55 , 19____, that I last saw the deceased alive on 12-19 , 19 55 , and that death occurred at 6:15A m., from the causes and on the date stated above.											
23. SIGNATURE (Degree or title) David M. Skilling M.D.					23b. ADDRESS 18 South Kingshighway			23c. DATE SIGNED 12-20-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/22/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		24d. LOCATION (City, town, or county) (State) St Louis County Mo					
DATE REC'D BY LOCAL REG. DEC 22 1955		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....

Licensed Embalmer No. 486

P. O. Address 7027

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.