

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

318

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State File No. 32185  
 Registrar's No. 7879

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 32185		Registrar's No. 7879		
1. PLACE OF DEATH a. COUNTY -----					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY -----					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>					e. STREET ADDRESS (If rural, give location) <b>2310 2338 So. Broadway</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b>			b. (Middle) <b>A.</b>		c. (Last) <b>Kroeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 23, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>September 11, 1908</b>		9. AGE (In years last birthday) <b>47</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Valve Tester</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cupples Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Peter Kroeck</b>			13b. MOTHER'S MAIDEN NAME <b>Ottiela Tullius</b>			14. NAME OF HUSBAND OR WIFE <b>Irene</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>500 16 0844</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wilhelmina Roberts</b>				ADDRESS <b>2338 S. Broadway St. Louis</b>	
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) <b>Tubercular Congestion</b>  ANTECEDENT CAUSES <b>Epilepsy.</b> 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.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>353.3</b>						20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:16 p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Frank L. Taylor</b>					23b. ADDRESS <b>300 Clark</b>			23c. DATE SIGNED <b>9/27/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) <b>Lemay, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>AUG 27 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b>		ADDRESS <b>7811 So. Broadway St. Louis, Mo.</b>			

WRITE PLAINLY—USING UNFAADING 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 *Lewis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. 1st

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.