

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012743
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 748

4000

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Velda Village		a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Velda Village	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3119 Kemp Dr.		Length of stay in lb 1 Yr		d. STREET (If outside, give location) ADDRESS 3119 Kemp Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Edward			Middle J			Last Kroeger	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 18 June 1887	
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Emp.		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Kroeger				14. MOTHER'S MAIDEN NAME Elizabeth Kurtz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. Unk		17. INFORMANT John V. Kroeger 3119 Kemp Dr.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 17-5-178 DUE TO (c) 4200						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-16-58 to 3-13-58 and last saw him alive on 3/12/58 Death occurred at 3:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. Hayden M.D.				22b. ADDRESS 730 Hodiament		22c. DATE SIGNED 3/16/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-16-58	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery		23d. LOCATION (City, town, or county) (State) Tamaroa, Ill.		
24. FUNERAL DIRECTOR J. W. Clark F. H. 1125 Hodiament Ave				25. DATE RECD. BY LOCAL REG. 3-14-58		26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Alfred J. Bielek

Licensed Embalmer No. 26

P. O. Address 11257th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.