DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36705

Registration District No. 371 Primary Registration District No. 4335 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town California Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether In this community years, months or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frederick William Kroegge
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilhelmina Kroegge
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug (Month) 14 (Day) 1864 (Year)

8. AGE: Years 75 Months 2 Days 6 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Frederick Wm Kroegge
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Wilhelmina Kretzschmar
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Henry Kroegge
(b) Address California Mo
17. (a) Burial, cremation, or removal (b) Date thereof 10 (Month) 22 (Day) 1939 (Year)
(c) Place: burial or cremation Boeckhaus
18. (a) Signature of funeral director Williams & Kirkmeyer
(b) Address California Mo
19. (a) 10-25-39 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1939 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1939, to Oct 20, 1939; that I last saw him alive on Oct 20, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Apoplexy)	
Due to: Arterio sclerosis	
Due to: Coma unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr L. Latham (M. D. or other)
Address California Mo Date signed 10-21-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 x19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY—USE 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_____, Registered Apprentice No._____, working under my personal supervision.

Signed N. E. Freedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36705

File No.

Registered No. 56

1. PLACE OF DEATH
County Moniteau Registration District No. 571
Township Primary Registration District No. 4335
City California (No. , St. Ward)

2. FULL NAME Frederick William Knagge

(a) Residence, No. California R.D. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. UNDERTAKER (ADDRESS)

20. FILED 10-29, 1939 A.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. L. Latham, M. D.
(Address) California Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.