

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

Do not use this space.

14569

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 5002  
 City St. Louis (No. 5447) - Rosal Ave St. 2 Ward 2

File No. ....  
 Registered No. 3919

**2. FULL NAME**

Bertha Elizabeth Krebs  
 (a) Residence. No. 5447-Rosal St. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 9 25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Fred Weimann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Verona Brill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT George A Krebs  
 (Address) 5447 Rosal Ave

15. FILED APR 20 1935 Wm C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1930

17. HEREBY CERTIFY, That I attended deceased from April 18 1930 to April 19 1930  
 that I last saw her alive on April 19 1930 and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Gastritis -  
from eating very cold hard boiled egg  
118c (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ..  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination  
 (Signed) Alvin E. Turner M. D.  
4/19 30 (Address) 30146 Leffers

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Concordia DATE OF BURIAL Apr 21 1930

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S Bluff

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.

23  
1  
10

