

REC'D MAY 10 1939

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

13804  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. Research Hosp. Registered No. 1558  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

612 Esther Krebs  
(a) Residence, No. 2425 Garfield St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Edward Krebs  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 11 27  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as 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) Austria

FATHER 13. NAME Sam Beiser

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

MOTHER 15. MAIDEN NAME Sarah Trechter

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

17. INFORMANT Edward Krebs (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE 4-14-1939

19. FUNERAL DIRECTOR (NAME) J.P. Louis Funeral Home (ADDRESS) K.C. Mo.

20. FILED Apr 13 1939 Dr. G. Bromer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-6-39, 1939, to 4-12-, 1939

I last saw her alive on 4-12-, 1939. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Arricular Fibrillation Date of onset  
Congestive heart failure  
9:00 p.m.  
Other contributory causes of importance:  
Hypertension with  
arteriosclerosis

Name of operation Autopsy Date of 24

What test confirmed diagnosis Autopsy Was there an autopsy Yes

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 Small blood!

(Signed) Dr. G. Bromer M.D.

(Address) 924 Prof. Bl. K.C. Mo.

WRITE PEAINLY WITH "ON-ADJING INK"---THIS IS A PERMANENT RECORD

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**