

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **life time**
years, months or days)

3. (a) PRINT FULL NAME **MARTHA MARIE KREBS**

8. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 4 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **16** If less than one day
hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **school teacher**

11. Industry or business **St. Louis Public Schools**

12. Name **Dr. Hugo Krebs**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilde van den Bergh**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. K. Meysenburg**

(b) Address **6242 Southwood Ave. St. Lou**

17. (a) **Cremation** (b) Date thereof **Sept. 21 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delmar Blvd. St. Louis**

19. (a) **SEP 20 1940** (b) _____
(Date received for local registration) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** 5
(If outside city or town limits, write "RURAL")
(d) Street No. **6242 Southwood Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1940** hour **12** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Sept 3rd**
1940 to **Sept 20 1940**
that I last saw him alive on **Sept 19 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of liver 5 mo.

Due to **Original tumor not located**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 **C. R. Phuffles** (M. D. or other) _____
Address **1010 Mc... St. Louis** Date signed **9-20-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr, A. R. Shreffler
Mo Theatre Bldg.
Mu--6824 Res.
JE=7469=Office
8:30:9:30 a.m.
2.3 P.m.

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.