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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8908**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3868 Humphrey
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 16000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3868 Humphrey
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Louise C. Krebs

3. (b) If veteran, name war No. _____ **3. (c) Social Security No.** No.

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 May 10 1928
(Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Scholar

11. Industry or business School

12. Name George A. Krebs

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Weimann

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Krebs

(b) Address 3868 Humphrey

17. (a) Entombment Oak Grove Mausoleum **(b) Date thereof** 10/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director [Signature]

(b) Address 3013 Meramec

19. (a) OCT 8 1943 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1943 hour 3 minute 9 A.M.

21. I hereby certify that I attended the deceased from March 9th 1943 to October 6 1943 that I last saw her alive on Oct. 6 - at 11 p.m. 1943 and that death occurred on the date and hour stated above

Immediate cause of death: Sarcoma of both lungs

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: [Signature]
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? _____

23. Signature [Signature] (M. D. or other)
Address 1115 Victor St. St. Louis **Date signed** 10:2:43

Duration 2

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

(Licensed Embalmer's Statement on Reverse Side)

Feb. 4. 0078.

STATEMENT BY LICENSED EMBALMER

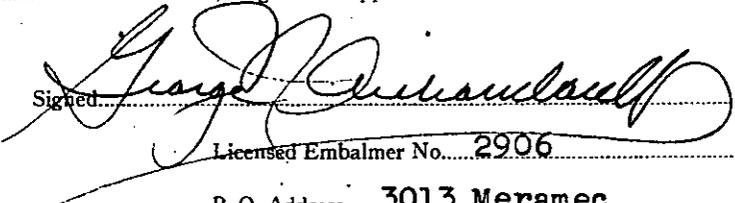
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault.....

Registered Apprentice No. **XXXXXX**.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. **2906**.....

P. O. Address **3013 Meramec**.....

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, fact should be so stated above.