

No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40125

State File No. \_\_\_\_\_  
Registrar's No. 11793

FILED JAN 4 1943 18  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days.  
In this community Life.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4210 Peck  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosa Krebs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / race White / 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 90 years  
7. Birth date of deceased July 1st, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frederich Potthast  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Koewing  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Wm Potthast  
(b) Address Gravois & Heege.

17. (a) Burial (b) Date thereof 12/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director John Zugmeyer & Son  
(b) Address 7027 Gravois Ave.

19. (a) DEC 29 1943 (b) J. F. Brudack  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26  
year 1943 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 14 1943 to Dec. 26 1943  
that I last saw her alive on Dec. 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arterio-sclerosis, hypertension year \_\_\_\_\_  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. F. Brudack (M. D. or other) MD  
Address 4222 N. School Date signed 12-27-43

(Licensed Embalmer's Statement on Reverse Side)

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..... *C. A. K. Kell* .....

Licensed Embalmer No. *3874* .....

P. O. Address..... *7027 Graves* .....

**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.**