

FILED DEC 27 1944  
318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
Mo. Baptist 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 99515-Holtwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mina Krebs

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced (W) 2

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 29 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation retired Homewife

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Louise Krebs

(b) Address 9515-Holtwood Overland, Mo

17. (a) Burial (b) Date thereof 12-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Barrans Broedel

(b) Address 2504-Woodson Rd-Overland

19. (a) DEC 18 1944 (b) J. B. Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1944 hour 11 minute 14 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Dec 15, 1944  
that I last saw her alive on Dec 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - 5 days

Due to Styptic poisoning

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

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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 J. B. Baker (M. D. or other) MD  
Address 438' Woodson Rd Date signed 12-17-44

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 *W. G. Peterson*

Licensed Embalmer No. *#3767*

P. O. Address *Overland, 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, fact should be so stated above.**