S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18141 / 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 911

1. PLACE OF DEATH:

(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Feb. 12, 1945 (Specify whether
In this community 56 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96
(c) City or town: 3423 Semple Avenue, 0
(If outside city or town limits, write "RURAL")
(d) Street No.: St. Louis 0
(If rural, give location)
(e) Citizen of foreign country? – (Yes or No) 0
If yes, name country: –

3. (a) PRINT FULL NAME: OTTO H. KREBS

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 495-12-4351

4. Sex: Male 6

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec. (Month) 21, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	19	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business: –

FATHER
12. Name: Henry Krebs
13. Birthplace: Illinois (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Christina Bakerman
15. Birthplace: Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant: Clinical Records
(b) Address: Vet. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) 13, 1945 (Year)
(c) Place: bur[illegible]

18. (c) Signature of funeral director: [illegible]
(b) Address: 13[illegible]

19. (a) APR 16 1945 (Date received local registrar) (b) E. G. McGoura M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th, year 1945 hour 12:55 minute P.M.

21. I hereby certify that I attended the deceased from February 12, 1945, to April 10, 1945 that I last saw him alive on April 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE AND INSUFFICIENCY. — Duration: UNKNOWN

Due to: –

Other conditions: none. (Include pregnancy within 3 months of death)

Major findings: Of operations: No operation.

Of autopsy: No 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): 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: E. V. EDWARDS, MAJOR, M.C. (M. D. or other)
Address: CLINICAL DIRECTOR. Date signed 4/10/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1945

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 Ronald Yahnke

Licensed Embalmer No. 3917

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, fact should be so stated above.