

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14273
Registrar's No. 904

FILED APR 29 1946
Registration District No. 317

Primary Registration District No. 3266

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis County, Kansas
(c) Name of hospital or institution:
Kirkwood Mo 1/2 Mile So. Of Lindberg
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town St. Louis County, Kansas
(d) Street No. Highway 66 1/2 So. Of Lindberg 4
(e) Citizen of foreign country? (Yes or No) 3
If yes, name country 0

3. (a) PRINT FULL NAME Frederick W Krabbe
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1946 hour 12.45 AM minute M

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ruth I
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 6 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 October 1945 to 22 April 1946
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 4 16 hr. min.

Immediate cause of death Heart disease Duration 1 1/2 yrs.

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

Due to Essential hypertension and Arteriosclerosis 3 yrs.
Due to 194

10. Usual occupation Owner

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Krabbes Grill

12. Name Frederick W Krabbe

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

14. Maiden name Minnie Frick

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

16. (a) Informant Ruth I Krabbe

(b) Address Highway 66 1/2 So. of Lindberg

17. (a) Burial (b) Date thereof 4 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 4-23-46 (b) 29 M. Garrison
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature Truman J. Steake (M. D. or other)

Address 114 N. Taylor Ave. Date signed 23 Apr. 46

Dr Grant

Je 7600
1-4

JUN 18 1946

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..... *Elwin D. Mc Dermott*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.