S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 43219

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11809

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

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 5795 Pershing Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 5795 Pershing Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph A. Krebs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Anna M. Krebs

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. 13th., 1872
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 4 | 12 | hr. min. |

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

10. Usual occupation Retired Accountant

11. Industry or business

FATHER
12. Name John P. Krebs
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Eichelberger 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Joseph M. Krebs
(b) Address 444 Julian Place

17. (a) Burial (b) Date thereof 12-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 26 1947 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th.,
year 1947 hour 12 minute 10 p. M.

21. I hereby certify that I attended the deceased from 12/25/47, 19..., to 12/25/47, 19...;
that I last saw him alive on 12/25/47, 19...;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardial Infarction | 1 hr. |
| Due to Acute coronary occlusion | 1 hr. |
| Due to | |
| Other conditions — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy — | |

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature George H. McDonnell (M. D. or other)

Address 3809 N. Union St. Louis (15) Mo. Date signed 12/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

H.McDonald
will be in noon.

## 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**