

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED AUG 30 1957

State File No. **29667**  
Registrar's No. **7407**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7407</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>423 X Overland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>32 St. Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>27 2418-E-Milton Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b> b. (Middle) <b>Wilhelmina</b> c. (Last) <b>Krebs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 6, 1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. <del>MARRIED</del> NEVER MARRIED <input checked="" type="checkbox"/> <del>WIDOWED</del> <del>DIVORCED</del> <del>SEPARATED</del>	8. DATE OF BIRTH <b>Apr. 30, 1900</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Roofing</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>London, England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Krebs</b>			13b. MOTHER'S MAIDEN NAME <b>Mina Lenz</b>		14. NAME OF HUSBAND OR WIFE <b>XXXXXXXXXXXXXXXXXX</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Vulbrock</b>		ADDRESS <b>2418-E-Milton Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Colony Embolus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis heart brain</b> DUE TO (c) <b>Arteriosclerosis of brain; Diabetes Mellitus</b>			<b>1 yr</b>
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>260 X</b>			<b>2 yr</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>8-1-57</b> to <b>8-6-57</b> , that I last saw the deceased alive on <b>8-6-57</b> , and that death occurred at <b>8:20 PM</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ed. Hollen</b>				23b. ADDRESS <b>2438 Woodson Rd</b>		23c. DATE SIGNED <b>8-8-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-9-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Park</b>		24d. LOCATION (City, town, or county) (State) <b>Pagedale, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 8 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Baumann</b>		ADDRESS <b>2504 Woodson Rd. Overland-14-Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*David C. Gibbs*

Licensed Embalmer No. *34*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.