

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3175

STATE FILE NUMBER

FILED FEB 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

29

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4/34/58
c. FULL NAME OF (If NOT in hospital, give location) 04 HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 7340 Forsythe
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM S. KREBS			4. DATE OF DEATH Month Day Year JANUARY 3, 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor of Accounting - Washington Univ.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Albert Lea, Minn.
13a. FATHER'S NAME William Krebs		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margaret Krebs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Margaret Krebs 7340 Forsythe
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERY THROMBOSIS WITH SMALL BOWEL GANGRENE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RENAL FAILURE 36 HOURS			INTERVAL BETWEEN ONSET AND DEATH 12 HOURS 1 MONTH YEARS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from DEC 4, 1957 to JAN. 3, 1958 and last saw her alive on JAN. 3, 1957 Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. D. Vermillion, M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-6-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR C.R. Lupton & Sons		ADDRESS 7233 Delmar	25. DATE RECD. BY LOCAL REG. JAN 3 '58
			26. REGISTRAR'S SIGNATURE Karl Smith Mo 1986

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.