

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038401

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2704

FILED OCT 27 1958

1. PLACE OF DEATH a. COUNTY XXXXXX St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Clayton 4346	
c. FULL NAME OF HOSPITAL OR INSTITUTION 7104 Forsyth		d. STREET ADDRESS (If outside, give location) 7104 Forsythe	

3. NAME OF DECEASED (Type or print) WARREN STANLEY KREBS			4. DATE OF DEATH Oct. 21 1958		
5. SEX male	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 Oct. 8, 1900		9. AGE (In years lost birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Material Sup.	11. BIRTHPLACE (City and state or country) Reading, Penn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John B. Krebs		13b. MOTHER'S MAIDEN NAME May Ege		14. NAME OF HUSBAND OR WIFE Mildred R.	
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. 187-10-6929		17. INFORMANT Mildred R. Krebs, 7104 Forsyth	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Carcinoma Lung with General metastasis vertebral etc.</i> DUE TO (b) <i>163X</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <i>May 1958 1st diagnosed</i>
---	--	--

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>May 5 1958</i> to <i>Oct 21 1958</i> and last saw ^{her} _{him} alive on <i>Oct 21 1958</i> Death occurred at <i>8 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>James G. Horden M.D.</i>	(Degree or title)	22b. ADDRESS <i>3903 Olive St</i>	22c. DATE SIGNED <i>10-21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>1024, 58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>

24. FUNERAL DIRECTOR <i>Lupton Funeral Home, 7233 Delmar</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>10-21-58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert B. Dombek</i>
---	---------	---	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*
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.