MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024842
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6065

FILED JUL 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Clinton
c. CITY OR TOWN: Carlyle Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 911 Livingston Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JACOB Middle MATTHEW Last KREBS
4. DATE OF DEATH: Month June Day 18 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-25-76
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (City and state or country): Carlyle, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Krebs
13b. MOTHER'S MAIDEN NAME: Mary Ann Schlafly
14. NAME OF HUSBAND OR WIFE: WIDOWED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: Not Available
17. INFORMANT: Mrs. James P. Shannon, Address: Carlyle, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Gastro Int. hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal ulcer 581.1F — for years
DUE TO (c) Laennec's Cirrhosis of Liver — for years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture Inter trochanteric rt. femur.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tripped over electric cord in home & fell.
20c. TIME OF INJURY? Hour a.m. p.m. Month, Day, Year 4-28-62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Carlyle COUNTY STATE Ill
21. I attended the deceased from 4/30/62 to 6/18/62 and last saw him alive on 6/18/62
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John J. Hammond M.D.
22b. ADDRESS: 634 N. Grand
22c. DATE SIGNED: 6/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-20-62
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Carlyle, Ill.
24. FUNERAL DIRECTOR: Paul Frerker, ADDRESS: Carlyle, Ill.
25. DATE RECD. BY LOCAL REG.: JUN 19 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Helen F. Tapp 6-19-62 Coroner

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	8/20	7d	
3			
4	0	6	
5	2		
6			
7	1		
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11			
12	74-0		
13			
	74		

BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J Kausly III

Licensed Embalmer No. 5039

P. O. Address E St Louis Ill

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.