

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22493

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 7011
Primary Registration District No. 3002
City St. Louis (No. 4943 Wabada Ave.)

File No.....
Registered No. 6695
St..... Ward.....

2. FULL NAME Louis H. Wollbrinck

(a) Residence. No. 4943 Wabada Ave. St. 6 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Louise Wollbrinck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/22/1867

7. AGE Years Months Days If LESS than 1 day, hrs. min.
61 4 2 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work District Assessor
(b) General nature of industry, business, or establishment in which employed (or employer) City
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Wollbrinck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hanna don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Louise Wollbrinck
(Address) 4943 Wabada Ave

15. FILED 28 1928 Mrs C Starkoff
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928

17. I HEREBY CERTIFY That I attended deceased from June 24, 1928, to June 24, 1928
that I last saw him alive on June 24, 1928, and that death occurred, on the date stated above, at 7 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
82 B
99
CONTRIBUTORY (SECONDARY) Apoplexy cerebral
Hemorrhage

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Mrs J. J. J. J. M. D.
6/26, 1928 (Address) St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Valhalla June 27 1928
20. UNDERTAKER Provost Und Co. ADDRESS 3710 N Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

