

SEP 26 1930

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

Do not use this space.

27707

1. PLACE OF DEATH St. Joseph's Hospital.  
 County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. ....) Sl. .... (Ward)

File No. ....  
 Registered No. 146

2. FULL NAME Heinrich August Wm. Wahlbrink  
 (a) Residence, No. St. Peters, St. Charles County, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28, 1930.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known.

17. I HEREBY CERTIFY, That I attended deceased from Heinrich August Wahlbrink 19... to 19... that I first saw him alive on Aug 27, 1930 and that death occurred, on the date stated above, at 4:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1864.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 29

Injuries due to an  
unavoidable automobile  
accident

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer Not known.

CONTRIBUTORY (SECONDARY) BIUM (duration) yrs. mos. ds.  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Harvester, St.  
 (STATE OR COUNTRY) Charles County, Mo.

18. WHERE WAS DISEASE CONTRACTED .....  
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER G. n. Wahlbrink.

DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
 WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS .....  
 (Signed) Frederick Cron, M. D.

12. MAIDEN NAME OF MOTHER Catherine Schemme.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harvester,  
 (STATE OR COUNTRY) Missouri.

8-21, 1930 (Address) poached 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.

14. INFORMANT Wm. Wahlbrink,  
 (Address) 1139 S. Benton, City.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St John's Cemetery DATE OF BURIAL 8/31/1930

15. FILED 8/29/30 W. G. Blochman REGISTRAR  
ea

20. UNDERTAKER Steinbrinker Furn. Co. ADDRESS St. Charles, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR, MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County, St. Charles Registration District No. 757 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3036 Registered No. 146  
 City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Heinrich August von Wahlbrink  
 (a) Residence No. St. Peters St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Div.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxia due to an unavoidable auto accident  
Collision of car he was in with a car going west on 40  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY)  
Happened at noon. no drunkenness  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) 1860

\*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.

14. INFORMANT (Address) \_\_\_\_\_

15. FILED 8/29 1930 My H. Bluebaum REGISTRAR

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

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B.—Every item of information should be carefully supplied. A fee amount of \_\_\_\_\_ should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

1930  
29709