S. No. 2
I—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1938

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4892

Registrar's No. 1917

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day.
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town Kirkwood, 4
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Goethe Avenue. N.R.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME EDUARD H. WALLENBROCK.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Sadie B. Wallenbrock.

6. (c) Age of husband or wife if alive 64. years

7. Birth date of deceased May (Month) 11th, (Day) 1875. (Year)

8. AGE:

Years	Months	Days	If less than one day
67.	9.	14.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brick Contractor.

11. Industry or business (Self). Retired.

FATHER
12. Name John F. Wallenbrock.
13. Birthplace St. Charles Co, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Hussmann.
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Sadie B. Wallenbrock.
(b) Address 511 Goethe, Kirkwood, Mo.,

17. (a) Entombment. (Burial, cremation, or removal) (b) Date thereof 2/27/1943. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) FEB 26 1943 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 25th, year 1943. hour 7 minute 29 A.M.

21. I hereby certify that I attended the deceased from 11/20, 1942 to 2/25, 1943; that I last saw him alive on 2/25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration 3 wks.

Due to Cardiac Enlargement and valvular incompetency

Due to Anemia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph F. Trigg (M.D. or other) M.D.

Address 508 N. Grand Blvd. St. Louis, Mo. Date signed 2/25/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Joseph F. Trigg.
508 N. Grand Blv'd.,
JE: 4141.

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 Paul Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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 this body is not embalmed, fact should be so stated above.