

FILED FEB 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 445

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. Baptist Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 Days.  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME George F. Wahlbrink.

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 Olinda Wahlbrink. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 3, 1873.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 2 11 hr. min.

9. Birthplace Weldon Springs, Missouri?  
 (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man11. Industry or business Wellston Junior High SchoolMOTHER FATHER { 12. Name Henry Wahlbrink.13. Birthplace ? Germany.  
 (City, town, or county) (State or foreign country)14. Maiden name Catherine Shamma.15. Birthplace Dont know.  
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Olinda Wahlbrink.(b) Address 1547 Valle Avenue.17. (a) Burial (b) Date thereof 1-17-1944.  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Weldon Springs, Mo.18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Avenue.19. (a) JAN 15 1944 (b) J. J. Brueck  
 (Date received local records) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1547 Valle Avenue.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th.  
 year 1944 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Aortic Aneurysm  
As a result of a fall over a wire  
fence at the Wellston High school  
Due to 6200 Ella ave Wellston Mo  
around 8 am. 1-11-44 white  
Due to trying gain entrance to his  
place of employment  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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

Major findings: 1889

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) Accident. P.O.(b) Date of occurrence 1-11-44(c) Where did injury occur? Wellston St. Louis Co Mo  
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
IndustrialWhile at work? Yes Means of injury fall23. Signature Geo. L. Pleitsch (M.D. or other) \_\_\_\_\_Address Wellston, Mo. Date signed 1/15/44

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: *Ben Hoffman*

Licensed Embalmer No. *4366*

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