

FILED JAN 25 1946  
318

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. .... 387

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4663 Lee Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Herman Wahlbrink

3. (b) If veteran, name war No

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Wahlbrink 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 30, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 10 hr. min.

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

10. Usual occupation Retired merchant

11. Industry or business .....

12. Name Henry Wahlbrink

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Wahlbrink

(b) Address 4663 Lee Ave.

17. (a) Burial (b) Date thereof Jan. 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin E. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 14 1946 J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th  
year 1946 hour 10:45 minute 10 M.

21. I hereby certify that I attended the deceased from Sept  
1945 to Jan 10 1946  
that I last saw him alive on Jan 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration

Due to Chronic Myocarditis

Due to .....

Other conditions 95  
(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? .....

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

(Specify type of place) (e) Means of injury .....

23. Signature H. H. Blumeyer (M. D. or other) M.D.  
Address 4562 Warner Date signed 1-14-46

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

MOTHER FATHER

4362 Normal  
6.9.30 AM  
9.10 AM

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**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 John A. Miller

Licensed Embalmer No. 4186

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.**