S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 18124

Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 1128

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: R R #1 Valley Park 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Valley Park 0 (If outside city or town limits, write "RURAL")

(d) Street No. R R #1 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME George Wahlig

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nara Wahlig

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 30 (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Gus Wahlig
13. Birthplace Mattesse (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Helen Becker
15. Birthplace Paris (City, town, or county) France (State or foreign country) 5

16. (a) Informant Mrs George Wahlig

(b) Address R R #1 Valley Park Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Cem Fenton Mo

18. (a) Signature of funeral director Louis H Bopp Jr

(b) Address Kirkwood Mo

19. (a) 5-24-46 (Date received local registrar) (b) E.D. McGavran MD (Registrar's signature) JS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 12-20, 1944 to May 21, 1946 that I last saw him alive on May 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hyopstatic pneumonis	3 days
Due to Cardio-vascular-renal disease complicated by Diabetes M.	2 yr
Due to Cirrhosis of Liver	
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 J M Collingham (M. D. or other) D.O.D.

Address Valley Park, Mo Date signed 5-22-46

(Licensed Embalmer's Statement on Reverse Side)

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood 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.