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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11051

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Deaconess Hospital
(d) Length of stay: 4 days
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4359 Taft Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Caroline Wibracht
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22, year 1946 hour 10: minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 15 to Dec 22, 1946

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter Wibracht
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased July 5, 1869

that I last saw her alive on Dec 22, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal obstruction
Due to Strangulated Hernia
Other conditions Chronic Nephritis
Major findings: Intestinal Obstruction - Small Bowel - due to Strangulated Hernia

8. AGE: Years 77 Months 5 Days 17

9. Birthplace St. Paul, Illinois
10. Usual occupation At Home

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

11. Industry or business _____
12. Name Frederick Storck
13. Birthplace Germany
14. Maiden name Dorothea Lampe
15. Birthplace Germany

16. (a) Informant Walter Wibracht
(b) Address 5646 Neosho Street
17. (a) Burial (b) Date thereof Dec. 24, 1946
(c) Place: burial or cremation Concordia Cemetery

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?
(e) Means of injury
23. Signature Arnold Sp. Lane (M. D. or other) Date signed 12-23-46

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) DEC 24 1946 (b) J. F. Braneck (c) Registrar's signature

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41909

Dr. Arnold Klein,
2632 S. Kingshighway

2-4

127475

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 Neal K Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.