

FILED AUG 11 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25378
Registrar's No. 6569

BIRTH NO. 54225-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>St. Louis</i>) c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley <i>4091</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>French Hospital</i>		d. STREET ADDRESS (If rural, give location) 1011 Paterson Drive <i>1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Kristine b. (Middle) Marie c. (Last) Wahlbrink		4. DATE OF DEATH (Month) (Day) (Year) July 31st, 1950	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH July 26th, 1950
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 5 1/2	IF UNDER 24 HRS. Hours 5 1/2 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) <i>Missouri (St. Louis)</i>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Kenneth J. Wahlbrink	
13b. MOTHER'S MAIDEN NAME June M. Kersting		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Kenneth J. Kersting		ADDRESS 1011 Paterson Drive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aspiration pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>PTE</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>prematurity</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 days</i>		5 days	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis (St. Louis)</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis (St. Louis) Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>762.5</i>			
22. I hereby certify that I attended the deceased from <i>July 26, 1950</i> , to <i>July 31, 1950</i> , that I last saw the deceased alive on <i>July 31, 1950</i> , and that death occurred at <i>7:00 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John Francis Schweiss</i>		23b. ADDRESS <i>6910 Millbrook</i>	
(Degree or title)		23c. DATE SIGNED <i>Aug 1, 1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/2/50	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. AUG 2 1950		REGISTRAR'S SIGNATURE <i>J. B. Haates</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 N. Natural Bridge Blvd.	

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

0724

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph E. Linders

Licensed Embalmer No. 4275

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.