

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2993

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22 Mo</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 E. Jewell Ave</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22</u>	
		d. STREET ADDRESS (If rural, give location) <u>120 E. Jewell Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Edwin</u>	a. (First)	b. (Middle) <u>W.</u>	c. (Last) <u>Wolbrink</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11 1894</u>	9. AGE (in years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>John Henry Foster</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Wolbrink</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Collin</u>	14. NAME OF HUSBAND OR WIFE <u>Olga Wolbrink</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-07-8984</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olga Wolbrink</u>	ADDRESS <u>120 E. Jewell Kirkwood Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4501</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420p</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/10, 1950, to 12/10, 1950, that I last saw the deceased alive on 12/10, 1950, and that death occurred at 12:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Stouffer M.D.</u>	23b. ADDRESS <u>104 W. Adams, Kirkwood Mo</u>	23c. DATE SIGNED <u>12/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/12/50</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>	ADDRESS <u>Kirkwood, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed William H. Frazier

Signed.....
Student Embalmer

Licensed Embalmer No. 14316

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.