

No. 300  
6748

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19083

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2227

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> 4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7319 Burrwood Drive</u>		d. STREET ADDRESS (If rural, give location) <u>7319 Burrwood Drive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Wollbrinck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1951</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>Oct. 3, 1897</u>	9. AGE (In years last birthday) <u>53</u>	if UNDER 1 YEAR Months	if UNDER 24 HOURS Days	if UNDER 24 HOURS Hours	if UNDER 24 HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Bank Teller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile-Commerce</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edward L. Wollbrinck</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kerksieck</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Wollbrinck</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-16-6873</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Wollbrinck</u>	ADDRESS <u>7319 Burrwood Dr.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last:  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30A on \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Somke</u> (Degree or title) <u>Local Registrar, Vital Statistics</u>	23b. ADDRESS <u>651 Brentwood Clayton 5 Mo.</u>	23c. DATE SIGNED <u>5-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-21-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Somke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO.</u>	ADDRESS <u>3710 N. Grand Blvd</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address \_\_\_\_\_

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.