DEC 28 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42517
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 1160

(b) Township — Primary Registration District No. 4470 — Registered No. 113

(c) City University City — (d) Street No. 7159 Kingsbury Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lizzie Wollbrink

(a) Residence, No. 7159 Kingsbury Ave. St. [ ] (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wollbrink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Frederick Hotto
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Geisker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Annie Muehlenbrock
(ADDRESS) 7159 Kingsbury Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Nov. 22, 1937

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILED Nov. 22, 1937 Virginia Hirschi
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov. 19, 1937

I last saw her alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 1:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/1/36
	11/1/36

Other contributory causes of importance:
Hyperthyroidism

Name of operation None Date of X
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X

(Signed) Wm T Hirschi, M. D.
(Address) 3500 North Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BO 7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Edward J. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded ~~on the~~ reverse side of this certificate was embalmed by

L. E.

No. 2502 or by , Registered Apprentice No.

working under my personal supervision.

Signed Edward J. Bockhorst

Licensed Embalmer No.

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.)