

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2209

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 214 E. Clinton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1939 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 8, 1939, to Dec 15, 1939,
that I last saw him/her alive on Dec 15, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to Ethyl Myocarditis 1934

Due to 108
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. E. Barnett (M. D. or other) 1
Address 243 W. Jefferson Kirkwood Date signed _____

3. (a) PRINT FULL NAME EMMA WOLBRINK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 16 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Collins

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Sopp

(b) Address 402 East Jefferson Kirkwood, Mo.

17. (a) Burial (b) Date thereof Dec 17 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hills Cem.

18. (a) Signature of funeral director L. H. Sopp

(b) Address 151 W. Morgan St. Kirkwood, Mo.

19. (a) DEC 15 1939 (b) R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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.

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 _____

Louis H. Doff, Registered Apprentice No. _____
working under my personal supervision.

Signed

Louis H. Doff

Licensed Embalmer No. 9211

P. O. Address Kukuiwood

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, above space should be left blank.