

FILED NOV 25 1942

318

Primary Registration District No. .... 1003

Registrar's No. .... 9373

820

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 37  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4058A St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilfred O. L. Wollenbroock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6  
year 1942 hour 1 minute 20 P.M.

3. (b) If veteran, name war No

3. (c) Social Security No. ....

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced, Single

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above. \_\_\_\_\_, 19\_\_\_\_;

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Fracture of Right Femur

7. Birth date of deceased April 3rd, 1916  
(Month) (Day) (Year)

Due to When Deceased fell out of a wheel chair at the

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>7</u>	<u>3</u>	..... hr. .... min.

Died at City Sanitarium on Sept 6-1942

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation None

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Otto Wollenbroock

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Lily Wellner

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lily Wollenbroock

(b) Address 4058A St. Louis Ave.

17. (a) Burial (b) Date thereof Nov. 9th, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) NOV 10 1942 (b) J. J. Bredick  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Sept 6-1942

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Sanitarium  
(Specify type of place)

While at work \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature Thomas J. Callahan M.D. or other \_\_\_\_\_  
Address Deputy Coroner Date signed 11/8/42

8486

8486

*Handwritten notes:*  
Mort 2-5-50  
W. J. ...

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *J. G. Sullivan* .....

Licensed Embalmer No. *1122* .....

P. O. Address..... *City* .....

**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.**