

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 1 - 1953

State File No. **20077**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4728**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 3233a N. 20th Street, 7,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3233a N. 20th Street, 7, 7269		d. STREET ADDRESS (If rural, give location) 3233a N. 20th Street, 7,	

3. NAME OF DECEASED (Type or Print) AMANDA			a. (First) _____			b. (Middle) J.			c. (Last) WOLLBRINCK			4. DATE OF DEATH (Month) (Day) (Year) May 9th, 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 2nd, 1891		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Gottlieb Wollbrinck			13b. MOTHER'S MAIDEN NAME Anna Pohlmann			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna L. Wollbrinck, 3233a N. 20th Street, 7				ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure			DUPLICATE OF (a) _____							
ANTECEDENT CAUSES			DUPLICATE OF (b) Cirrhosis of Liver							
Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE OF (c) Malnutrition							
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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810					
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22. I hereby certify that I attended the deceased from Jan, 1952 to May 9, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 6:00a. m., from the causes and on the date stated above.

23a. SIGNATURE Charles Mellicie			(Degree or title) D.O.			23b. ADDRESS 3825 N. 20th			23c. DATE SIGNED May 9, 1953		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/11/53		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Missouri			
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DATE REC'D BY LOCAL REG. MAY 11 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.					ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Lewis

Licensed Embalmer No. 4275

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.