

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

State File No. **6904**

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **438**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> /		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Bel-Nor</b>		c. CITY OR TOWN <b>Bel-Nor</b> <b>X180</b>	d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 1/2 Years</b>		e. STREET ADDRESS (If rural, give location) <b>8012 Audrain Drive, 21,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8012 Audrain Drive, 21,</b>		f. STREET ADDRESS <b>8012 Audrain Drive, 21,</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WAHLBRINK</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 18th, 1955</b>		
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<b>5. SEX</b> <b>Male</b> 0	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>April 21st, 1897</b>	<b>9. AGE</b> (In years last birthday) <b>57</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Vice-President</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Jefferson-Gravois Bank</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b> 0		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
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<b>13a. FATHER'S NAME</b> <b>Fred Wahlbrink</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Osthoff</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mabel Wahlbrink nee Harting</b>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War # 1</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mabel Wahlbrink, 8012 Audrain Drive, 21</b>				<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3-4 hrs.</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Ca of Pancreas</b>							
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		<b>DUE TO (b)</b>							
		<b>DUE TO (c)</b>							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b> <b>1-12-55</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>157X</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
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**22. I hereby certify that I attended the deceased from 12-27, 1955, to 2-18, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 6:20A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>		<b>(Degree or title)</b>		<b>23b. ADDRESS</b> <b>4952 Maryland.</b>		<b>23c. DATE SIGNED</b>			
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>2/21/55</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Lebanon Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
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<b>DATE REC'D BY LOCAL REG.</b> <b>2/19/55</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri</b>		<b>ADDRESS</b>			
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1917

✓ 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.....  
Signature of Student Embalmer

Signed.....  
*John A. McLean*

Licensed Embalmer No. 418

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.