

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39894

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9904**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		a. STREET ADDRESS (If rural, give location) <b>3140 Meramec St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>			

3. NAME OF DECEASED (Type or Print) <b>Rev. Conradin (Alphonse) Wallbraun, O.F.M.</b>	a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>October 29, 1956</b>
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5. SEX: <b>Male.</b>	6. COLOR OR RACE: <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>Single.</b>	8. DATE OF BIRTH <b>October 31, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Catholic Priest,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Effelder, Germany,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Wallbraun,</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Schroeter,</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rev. Ermin Micka, O.F.M. 3140 Meramec St.,</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs +</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>Arteriosclerosis General</b> DUE TO (c) <b>Peptic Ulcer</b> II. OTHER SIGNIFICANT CONDITIONS <b>Peptic Ulcer</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs +</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 8, 1956** to **Oct 29, 1956** that I last saw the deceased alive on **Oct 24, 1956** and that death occurred at **12:30P** on, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert S Warner M.D.</b> (Degree or title)	23b. ADDRESS <b>1115 Paul Brown Bldg. St. Louis, Mo.</b>	23c. DATE SIGNED <b>Oct 30 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	24b. DATE <b>10/31/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS, Peter &amp; Paul Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 30 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4249  
2842 Meramec S  
P. O. Address St. Louis, 18,

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.