

SEP 27 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21014 ^a

1. PLACE OF DEATH

County Coles

Registration District No. 213-

File No.

Township Jefferson

Primary Registration District No. 3014-

Registered No. 200-

City Jefferson (No.)

St. Ward)

2. FULL NAME

Christine Helstein

(a) Residence. No. 409 Adams St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IS MARRIED, WIDOWED, OR DIVORCED

HUSBAND or (OR) WIFE OF

Frank Helstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

abt. 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Mrs. King

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Margaret Cleary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT (Address)

Mrs. Helstein
J.B. Mrs.

15.

FILED

7/30-27. D.V. Bedford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 28 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to July 28, 1927. That I last saw him/her alive on July 28, 1927, and that death occurred, on the date stated above, at 8211 777 Cerebral hemorrhage

THE CAUSE OF DEATH WAS AS FOLLOWS:

74-01

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

no DATE OF 7

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

examined

(Signed)

W.A. Clark, M.D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peter's Cem. J.B.

7-30-1927

20. UNDERTAKER

ADDRESS

Chas. P. Heinrichs J.B. Mrs.

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.

