WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

31538

**1. PLACE OF DEATH**

County: Wrote Registration District No. 791 File No.

Township: Primary Registration District No. 1003 Registered No. 8865

City: St Louis Mo (No. City Hospital #1 St. Ward)

**2. FULL NAME** Hazel Helbrich

(a) Residence. No. 1421 Salisbury St., 26 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5th 1903

7. AGE: Years 24 | Months 1 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Packer 169
(b) General nature of industry, business, or establishment in which employed (or employer): Sayman Products
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Emanuel Crafford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Elizabeth Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis Mo

14. INFORMANT Mr Dietzeich
(Address) 1421 Salisbury St

15. FILED OCT -4 1927 Max C Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun Shot Wound of Abdomen — (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Self Administered — (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Suicide

(Signed) R. Sitt, M. D.

Oct 8, 19 27 (Address) Coroner

*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: New Bethlehem — DATE OF BURIAL: Oct 4 1927

20. UNDERTAKER: Math Hermann & Son — ADDRESS: 4103 Hoosier Ave