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

Do not use this space.

35034

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10183

City St Louis (No. Luth Hospital St. ..... Ward)

2. FULL NAME Anna Helle

(a) Residence. No. 3010 Ohio Av St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	1	18	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Anton Borkrath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Brockmeier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Wm John Helle
(Address) 3010 Ohio Ave

15. FILED 1927 Mae C Starkloff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1927

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1927, to Nov 11th, 1927 that I last saw her alive on Oct 11th, 1927, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

66 RS

98 C

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) Toxic Thyroid Gland

(duration) yrs. 6 mos. ds.

Exophthalmic Goitre

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 8-1927 (Ligation)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Consultation

(Signed) Paul R Kongelman, M. D

Nov 12 1927 (Address) 3509 Potomac St

*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 - Paul County	Nov 15 1927

20. UNDERTAKER	ADDRESS
J H Gebken Und Co	2630 Gravois

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.