

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

Do not use this space.

39013

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **4764** **Milgutz Ave**)

File No.....
 Registered No. **11735**
 St. Ward

2. FULL NAME

Margarette Helmu
 (a) Residence. No. **4764** **Milgutz Ave** St. **2** Ward. (If nonresident give city or town and State)
 (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 **Spouse Helmu**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 4th 1855**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 5 25

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) **at Home**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER

Frederick Northrup

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown
 (STATE OR COUNTRY)

14.

INFORMANT **Mrs Helmu**
 (Address) **4764 Milgutz Ave**

15.

FILED **Nov 28 1928**
Max C Starbuck
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 29th 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 10 1928**, to **Nov 29 1928**
 that I last saw him alive on **Nov 28 1928**, and that death occurred, on the date stated above, at **11-45 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

MI **Mitral Insufficiency**
 (duration) **2 yrs. 2 mos. 2 ds.**

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis
 (duration) **2 yrs. 2 mos. 2 ds.**

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **H. A. Schmittner**, M. D.
12-1 1928 (Address) **6811^o Grovers**

*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

St. Matthew Cem

DATE OF BURIAL

Dec 3rd

20. UNDERTAKER

Mr Schumacher

ADDRESS

38th Meramec

WRITE IN INK. WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE.—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.

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