

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

Do not use this space.

8806

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. **2481**  
 City *St. Louis, Mo* (No. *3521<sup>2</sup>*) *N. Jefferson Ave* St. .... Ward)

**2. FULL NAME** *Helena Sotier*

(a) Residence. No. *3521<sup>2</sup> N. Jefferson Ave* St. *20* Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb. 4 - 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*87 - 18*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Housework*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *Jacob Blankenheim*

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

12. MAIDEN NAME OF MOTHER *Don't know*

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

14. INFORMANT *Mrs Bertha Ruweiler*  
 (Address) *3521<sup>2</sup> N. Jefferson Ave*

15. FILED *SEP 25 1929* REGISTRAR *W. C. Stark*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 22<sup>nd</sup> 1929*

17. I HEREBY CERTIFY That I attended deceased from *Feb 20<sup>th</sup> 1929*, to *Feb 22<sup>nd</sup> 1929* that I last saw him alive on *Feb 20<sup>th</sup> 1929* at *15 PM*, and that death occurred, on the date stated above, at *108*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Lobar Pneumonia*  
 (duration) yrs. mos. *2* ds.

CONTRIBUTORY (SECONDARY) *101W*  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? *101W*  
 IF NOT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *D. A. Thomson*, M. D.

*Feb 23 1929* (Address) *9121 W Branch*

\*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

*Valhalla* *Feb. 26 1929*

20. UNDERTAKER ADDRESS *1407*  
*Hy Leidner Mtd Co. N. Market St.*

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.

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