

APR 30 1930

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

Do not use this space.

10093

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland (No. St. Ward)

Registration District No. 789
Primary Registration District No. 6033(B)

File No.
Registered No. 102

2. FULL NAME

Helmer, A. Hegland
(a) Residence. No. 8448 Lakeland 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 31 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1930, to Mar. 31, 1930. that I last saw him alive on Mar. 31, 1930, and that death occurred, on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1914

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
15 9 14

Bronchial Pneumonia
11 1/2
107 1/2
..... (duration) yrs. mos. 4 ds.

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

CONTRIBUTORY (SECONDARY) La Grippe
..... (duration) yrs. mos. 6 ds.

9. BIRTHPLACE (CITY OR TOWN) Ottawa, Ill
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Emil H. Hegland

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Ray A. Walker, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ottawa, Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Read

April 1 1930 (Address) Overland Mo.

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

14. INFORMANT Emil H. Hegland
(Address) 8448 Lakeland Overland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joe Joe Cove
DATE OF BURIAL 4/4-1930

15. FILED 4 1930 Polla Tracy M.D. REGISTRAR

20. UNDERTAKER Baumgardner Bros
ADDRESS Overland

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.

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

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