

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

Do not use this space.

34836

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 10231  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3650 Meramec St. 15 Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 1

**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) At Home  
(c) Name of employer

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

10. NAME OF FATHER August Wolf

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT George A. Helim Jr.  
(Address) 3650 Meramec St.

15. FILED OCT 28 1930 Wm C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 28 1930

17. I HEREBY CERTIFY, That I attended deceased from November 14 1930 to October 26 1930 that I last saw her alive on October 26 1930 and that death occurred, on the date stated above, at 1 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris

CONTRIBUTORY (SECONDARY) 94A (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Chas. H. Heinshey M. D.

X 27 1930 (Address) 3232 Lafayette

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calumny Cemetery DATE OF BURIAL Oct 29 1930

20. UNDERTAKER Wm J. Robert Love ADDRESS 195 S Grand Blvd.

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.

RECORD

