

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

Do not use this space.

**26012**

**1. PLACE OF DEATH**

County St. Charles Registration District No. 756  
Township Portage des Sioux Primary Registration District No. 5997  
City (No. ....) St. .... Ward)

**2. FULL NAME** Harry Rudolph Hellmann

(a) Residence, No. 1108 Big Bend Rd. St. Ward. St. Louis County Mo  
(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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1926

7. AGE YEARS 5 MONTHS 4 DAYS 17 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Harry R. Hellmann

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

15. MAIDEN NAME Elara Eichen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Harry William Hellman  
(ADDRESS) Big Bend Road

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE July 17 1931

19. UNDERTAKER Hedgermeyer & Sons  
(ADDRESS) St. Charles Mo

20. FILED July 20 1931 C. A. Barnard  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1931

22. I HEREBY CERTIFY, that I attended deceased from Hedgermeyer & Sons, 1931

I last saw him alive on July 17 1931. Death is said to have occurred on the date stated above, at 345 P. M.

The principal cause of death and related causes of importance were as follows:

Accidental drowning in swimming pool 7 miles north of St. Charles Mo. at John Dreyfus Summer Resort

Other contributory causes of importance:

183  
183  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Preceding summer  
(Signed) Arthur M. D.  
(Address) St. Charles Mo

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

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.

116-29-101

