

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

Do not use this space.

14268

**1. PLACE OF DEATH**

County..... Registration District No. 707  
 Township..... Primary Registration District No. 1072  
 City St Louis (No. Berkuda Hospital (3649 West)) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3604

**2. FULL NAME**

Jennie Heltibrand  
 (a) Residence No. 9 Westmoreland St. 12 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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin Heltibrand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private family 231</u>	
	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)	<u>Bland mo. 1</u>	
FATHER	13. NAME <u>Henry Gauss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bland mo. 1</u>	
17. INFORMANT (ADDRESS)	<u>Ben Heltibrand 477 Lake Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>New Burkheim DATE April 17 1932</u>	
19. UNDERTAKER (ADDRESS)	<u>Biederwieders funeral Home 1936 W. Louisiana</u>	
20. FILED	<u>PR 13 1932 May 1 1932</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/11 1932 to 4/11 1932  
 I last saw her alive on 4/11 1932. Death is said to have occurred on the date stated above, at 6:50 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of liver  
46 E  
46 E  
 Other contributory causes of importance:  
1

23. Name of operation Exploration Date of 3/18/32  
 What test confirmed diagnosis?..... Was there an autopsy? no

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? no  
 If so, specify.....  
 (Signed) Roland Hill, M. D.  
 (Address) 4500 Olive St St Louis 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.

