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

Do not use this space. 27123 ~~27124~~

1. PLACE OF DEATH
County St Charles — Registration District No. 457 — File No.
Township — Primary Registration District No. 3036 — Registered No. 177
City St Charles (No. St Joseph's Hospital St. Ward)

2. FULL NAME Margaret Hellrich
(a) Residence, No. 827 Adams 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.

92 4 9

SEP 8 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17 - 1863

7. AGE: Years 69 — Months 6 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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 Charles County Mo.

FATHER
13. NAME: Joseph Boschert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Ireland

MOTHER
15. MAIDEN NAME: Catherine Hellrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Holland

17. INFORMANT (ADDRESS): George Hellrich 827 Adams

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem. DATE Sep 3, 1932

19. UNDERTAKER (ADDRESS): W. Sullivan and Sons Co. 800 North 2nd St. St Charles

20. FILED 8/31, 1932 Hy. H. Bloebaum Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932, to Aug 31, 1932
I last saw h. alive on Aug 31, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	
1229	
99A	

Other contributory causes of importance:

Name of operation Kocher Pfannenstiel Date of Aug
What test confirmed diagnosis? Bolyer 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?
If so, specify
(Signed) T. T. Hardin & F. J. Taisler, M. D.
(Address) St Charles Mo.

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.