

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

Do not use this space.

H. Horn
10205

1. PLACE OF DEATH

36 County Franklin Registration District No. 246
Township Union Primary Registration District No. 4880
City Union, Mo. (No. _____) St. _____ Ward _____

File No. 10205
Registered No. _____

2. FULL NAME Mary M. Helling

(a) Residence, No. _____ St. _____ 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1848		
7. AGE 84 YEARS	MONTHS 11	DAYS 1
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) two years		11. Total time (years) spent in this occupation house work
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.		
13. NAME Frederick Beas		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Mary Kroner		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Mrs. Amelia Meyer (ADDRESS) Union, Mo.		
18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Union, Mo. DATE 5 / 10 19 33		
19. UNDERTAKER William H. Horn (ADDRESS) Union, Mo.		
20. FILED 6/10/33 A. Steuberger Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7th 19 33**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 19**, 19**33**, to **May 7**, 19**33**
last saw him alive on **May 7**, 19**33** Death is said to have occurred on the date stated above, at **1:55pm**
The principal cause of death and related causes of importance were as follows:
Senility
Chronic nephritis senile
Chronic Myocarditis
Senile dementia

Name of operation _____ Date of _____
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) **Louis F. Howe**, M. D.
(Address) **Union 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.

OCCUPATION
FATHER
MOTHER

1
10
10

