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.

NOV 10 1933

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

Do not use this space.

34206

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 187

City St Charles (No. 827, Adams St. Ward)

2. FULL NAME George Henry Hellrich

(a) Residence, No. 827 Adams St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Margareth Boschert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3-1861

7. AGE: YEARS 72 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Henry Hellrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Schock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) Henry Hellrich 710 N. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE Oct 30 1933

19. UNDERTAKER (ADDRESS) H. Dallmeyer & Sons 60 710 N. 2nd St. St Charles Mo

20. FILED 10/30 1933 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to Oct 25, 1933
I last saw him alive on Oct 25, 1933. Death is said to have occurred on the date stated above, at 3.40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	March 1933
46B	
118B	

Other contributory causes of importance: 40

Name of operation Gastro enterostomy Date of May 27-33
What test confirmed diagnosis? Microscopic 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. L. Hardin, M. D.
(Address) St Charles Mo