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.

100M-11-24-33

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

Do not use this space.

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital #1 St. ..... Ward)

File No. 30992

Registered No. 8258

2. FULL NAME Frank Hellmich

(a) Residence, No. 3649 Garfield St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~): Gertrude Hellmich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 23, 1890

7. AGE: YEARS 43 MONTHS 11 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintanence

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer Pack'g Co.

10. Date deceased last worked at this occupation (month and year) 8/9-34

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

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

FATHER

13. NAME: Fred E Hellmich

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

MOTHER

15. MAIDEN NAME: Rose Heide

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

17. INFORMANT (ADDRESS): Gertrude Hellmich 3649 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Aug-13 1934

19. UNDERTAKER (ADDRESS): Bensiek-Niehaus 1138 North 6th

20. FILED AUG 13 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:15 PM

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

Haem of Brain (Traumatic) rec'd when struck & knocked to street by Peter Kennedy at 6:50 P.M. 8/9/34

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes, (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/9/1934

Where did injury occur? St Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury Struck by fit & fall to street

Nature of injury Haem of Brain

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) Harold Kelling, [illegible]

8/13/34 (Address) Dept for