

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

Do not use this space.

NOV 2 1935

31296

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. **St. Ann's Hosp**)

File No.....  
Registered No. **8113**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. **Louise Helbrugg, Jr** Ward **St. Ann's Hosp**  
(Usual place of abode) **St. Ann's Hosp** (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 25-1935</i>		
7. AGE	YEARS	MONTHS
		DAYS
		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. Louis Mo*

MOTHER FATHER 13. NAME *Louise Helbrugg, Jr*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Murphy Mo*

15. MAIDEN NAME *Francis Douglas*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Murphy Mo*

17. INFORMANT *Louise Helbrugg, Jr*  
(ADDRESS) *Murphy Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Highway Mo* DATE *9/27/35*

19. UNDERTAKER *Kenneth W. Koch*  
(ADDRESS) *Fenton Mo*

20. FILED *27 1935* Registrar. *J. T. Bredeck*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 26*, 19*35*

22. HEREBY CERTIFY, That I attended deceased from *Sept 25*, 19*35*, to *Sept 26*, 19*35*

I last saw him alive on *Sept 25*, 19*35*. Death is said to have occurred on the date stated above, at *9:30* AM.

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

*Congenital heart lesion (Persistent Patent foramen ovale)*

Other contributory causes of importance: *Marasmus Caerulus.*

Name of operation..... *157C* Date of.....

What test confirmed diagnosis? *Physiand* 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) *William H. Kelly*, M. D.  
(Address) *Fenton*

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.

