

DEC 12 1935

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

Do not use this space.

37810

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5940**, **Julian ave**) St. Ward)

File No.
Registered No. **9787**

2. FULL NAME

Lila Helwicks Dame
(a) Residence, No. **5940 Julian** St., **ave** Ward **5**
(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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James E. Dame**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 13, 1884**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
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) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **Thomas R. Helwicks**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **md.**

15. MAIDEN NAME **Margaret Donnelly**

16. BIRTHPLACE (CITY OR TOWN) **Springfield** (STATE OR COUNTRY) **Ill.**

17. INFORMANT **James E. Dame** (ADDRESS) **5940 Julian ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Nov. 23**

19. UNDERTAKER **C. R. Rupton & Sons** (ADDRESS) **4449 Olive St.**

20. FILED **NOV 22 1935** **J. T. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 22**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **Jan 1**, 19**35** to **Nov 22**, 19**35**
I last saw h. alive on **Nov 22**, 19**35** Death is said to have occurred on the date stated above, at **12:45 AM**.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
930
Other contributory causes of importance: **Chronic Hypertension**
Date of onset **11/19/35**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **W. J. ...** M. D.
(Address) **40 E. Wall St.**

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.

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1
2
50

3903 Olive
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