

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 4 1936

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

Do not use this space.

38945

1. PLACE OF DEATH

County St. Louis
Township Clinton
City Clinton

Registration District No. 790
Primary Registration District No. 60339

File No. _____
Registered No. 384
St. _____ Ward _____

2. FULL NAME

Helixie Hewitt

(a) Residence, No. 613 Benton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles S. Hewitt
widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1888

7. AGE YEARS 48 MONTHS 8 DAYS 28
If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Henry Disk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Catherine Wyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Myrtle Hawkins
Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manhattan, Mo DATE 10/15-1936

19. UNDERTAKER (ADDRESS) W. H. Breders Funeral Home
Ballwin, Mo.

20. FILED Oct 15 1936 D. A. J. Sigurdson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-36

I HEREBY CERTIFY, That I attended deceased from 10-6-36 to 10-13-36 1936

I last saw her alive on 10-13-36 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cancer of the Pancreas 9/6/36
Tuberculosis of the lung 9/6/36

Other contributory causes of importance:
No home
Name of opera _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Robert J. Budby, M. D.
(Address) St. Louis Co. Hosp

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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