

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.

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

39285
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County Registration District No. 791 / 1003
(b) Township Primary Registration District No. 1003 Registered No. 10272
(c) City St. Louis, Missouri (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. / 2 ds.

2. PRINT FULL NAME Victor T. Hellensmith

(a) Residence, No. Nolman Road St. MM Moberly, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Harlene Hellensmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1911
7. AGE YEARS 26 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Service Station Attendant
9. Industry or business in which work was done, as 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) Moberly (STATE OR COUNTRY) Mo.

13. NAME Edward Hellensmith

14. BIRTHPLACE (CITY OR TOWN) Moberly (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Betty Padgett

16. BIRTHPLACE (CITY OR TOWN) Moberly (STATE OR COUNTRY) Mo.

17. INFORMANT Edward Hellensmith (ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE 11-2-37

19. FUNERAL DIRECTOR Rowland Mortuary Svc (ADDRESS) 4355 Washington

20. FILED NOV 5 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1937, to 11-2, 1937. I last saw h. i. m. alive on 11-2, 1937. Death is said to have occurred on the date stated above, at 3:05 P.M.
The principal cause of death and related causes of importance were as follows:

BRAIN TUMOR (RT. LATERAL VENTRICLE), PRIMARY/ Benign

Other contributory causes of importance: h/d

Name of operation CRANIOTOMY Date of 10-25-37
What test confirmed diagnosis? Operation 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? No.
If so, specify: Frank McJannet M. D.
(Signed) Frank McJannet (Address) EARLES HOSPITAL

10272

10272

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)