

DEC 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County *St Charles*Registration District No. *757*

Township

Primary Registration District No. *2026*City *St Charles*(No. *St Joseph Hospital*)

St.

Ward)

2. FULL NAME *Helba Gene Josephine Zehker*(a) Residence, No. *1408 N 2nd St*, *St Charles*, Mo., Ward.

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.

File No. *42309*Registered No. *199*

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *W.*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 26th 1937*

7. AGE

YEARS MONTHS DAYS *4*

IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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 Charles Mo*  
(STATE OR COUNTRY)13. NAME *Otto Zehker*14. BIRTHPLACE (CITY OR TOWN) *St Charles Mo*  
(STATE OR COUNTRY)15. MAIDEN NAME *Jeanetta Salfan*16. BIRTHPLACE (CITY OR TOWN) *St Charles Mo*  
(STATE OR COUNTRY)17. INFORMANT *Otto Zehker*  
(ADDRESS) *1408 N 2nd St St Charles Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Widens Cemetery* DATE *11/30 '37*19. UNDERTAKER *H. C. Dallmeyer & Sons Co*  
(ADDRESS) *St Charles Mo*20. FILED *11/30* 19*37* *Clarence F. Kessler*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 29th*, 193722. I HEREBY CERTIFY, That I attended deceased from *November 26*, 1937, to *November 29*, 1937I last saw her alive on *November 29*, 1937. Death is said to have occurred on the date stated above, at *8:30* a. m.

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

*Aphasia with convulsions probably due to cerebral hemorrhage*Date of onset *11/26/37*

Other contributory causes of importance:

Name of operation *16012* Date ofWhat test confirmed diagnosis? *Clinical* 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) *R. O. Hayden*, M. D.(Address) *St. Charles, Mo.*

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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