

Every record 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.

REC'D OCT 12 1938

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

30405
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis Mo** (d) Street No. **St. Anthony Hosp** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. ds.

2. PRINT FULL NAME **Mary Hellweg** *H-24*

(a) Residence, No. **3947 Wyoming St** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **William Hellweg**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 28, 1870**
 7. AGE YEARS **68** MONTHS **6** DAYS **6** IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9 3 38** 19
 22. I HEREBY CERTIFY, That I attended deceased from **Aug**, 19**36**, to **Sept 3**, 19**38**.
 I last saw her alive on **Sept 3**, 19**38** Death is said to have occurred on the date stated above, at **5 PM**
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at her Home**
 10. Date deceased last worked at this occupation (month and year) **2 month ago** 11. Total time (years) spent in this occupation

Other contributory causes of importance:
~~Also~~ **Carcinoma left breast** Date of onset **3 mos Aug 1936**
Carcinoma of Lung 3 mos
Carcinoma of left humerus 3 mos
Carcinoma left femur 3 mos
Carcinoma of spine 3 mos

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **James Dolan**
 14. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Phelan**
 16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT **William Hellweg** (ADDRESS) **3947 Wyoming St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **9 3 38** 19

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Unt. Co** (ADDRESS) **4228 So. Kinghighway Blvd**

20. FILED **SEP - 5 1938** *J. F. Brudick* Local Registrar

Name of operation **Radical Mamectomy** Date of **Aug 1936**
 What test confirmed diagnosis? **Sections** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **NO** Date of injury....., 19...
 Where did injury occur? **NO** (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) **Donald H. Hyman** M. D.
 (Address) **508 N. Grand Blvd**

Dr Thym Metop Bldg Je 4141

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Reinhold A. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.