REC'D MAR 13 1939

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

5980
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 191
(c) City ST. JOSEPH, — (d) Street No. 2021 FRANCIS ST. 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 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 224 HELEN GERTRUDE GILL NESTLEBUSH
(a) Residence, No. 2021 FRANCIS ST. St.
(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: 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: HARRY NESTLEBUSH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCTOBER 25, 1888
7. AGE: YEARS 50 — MONTHS 4 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

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.: HOME
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): ST. JOSEPH, MISSOURI

FATHER
13. NAME: CHARLES E. GILL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOSEPH, MISSOURI

MOTHER
15. MAIDEN NAME: BRIDGETT CASEY,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): HARRY J. NESTLEBUSH, 2021 FRANCIS ST. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. OLIVET CEMETERY DATE MAR. 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. JOSEPH, MO.
20. FILED Feb 28, 1939 H J Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to Febr 27, 1939
I last saw her alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 10 5 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Insufficiency — unknown
93F
Other contributory causes of importance:
Chronic Hypertension — unknown
Date of onset
Name of operation None Date of
What 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) Gustav H. Lau, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, JOHN E. RUPP,

....., or by .....

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

Signed John E. Rupp

Licensed Embalmer No. 2986

P. O. Address St. Joseph, Mo.

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

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