No. 2
1-10-39
-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4864

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1694

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4537 North Market
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis 11
(If outside city or town limits write "RURAL")

(d) Street No. 4537 North Market
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years.

3. (a) PRINT FULL NAME Katherine Hellwig

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Herman Hellwig

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March (Month) 5 (Day) 1859 (Year)

8. AGE: Years 80 Months 11 Days 12 If less than one day hr. min.

9. Birthplace France (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Heinrich
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Haugele
(b) Address 4537 North Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20 '40 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul

18. (a) Signature of funeral director Bromschwig Und Co
(b) Address 4746 W. Florissant Ave.

19. (a) FEB 19 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th year 1940 hour 6 00 minute P M.

21. I hereby certify that I attended the deceased from Jan 1940 Feb 17, 1940 to —, 19 ; that I last saw her alive on Feb 17 —, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerosis	
Due to age	15 60
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas W Miller (M. D. or other)
Address 408 Humboldt Date signed 4/9/40

(Licensed Embalmer's Statement on Reverse Side)

Humboldt Bldg
537 N. Grand

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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