No. 2
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X21492

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

SEP 25 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27099

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6995

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hotel Hospital St.
(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 Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4525 Lindell Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME Milton C. Hellman 455

3. (b) If veteran, name war World war

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Emma Drassegg

6. (c) Age of husband or wife if alive about 50 years

7. Birth date of deceased April 12, 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	4	6	hr. min.

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

10. Usual occupation Dealer in raw furs

11. Industry or business

FATHER
12. Name Nathan Hellman
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Marenthal
15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Hellman
(b) Address 4525 Lindell Blvd

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/20/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director
(b) Address 4356 Lindell Blvd

19. (a) AUG 19 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1940 hour 11:35 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gen Shock Hemorrhage
Duration
Due to Rupt Temple self
Due to Dis Esophagus Gen Poor
Due to 666 Hotel Morgan
Other conditions No 200 No 4th St
(Include pregnancy within 3 months of death)
August 18-1940 about
Major findings
Of operations 11:35 A. M.
Of autopsy

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) Suicide
(b) Date of occurrence 8/18/40
(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? Public Place
(Specify type of place)
While at work? (e) Means of injury Gen Shot

23. Signature (M. D. or other)
Address Date signed 8/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

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