

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34187

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8884

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

1. PLACE OF DEATH:

(a) County. St Louis
(b) City or town. St Louis
(c) Name of hospital or institution: Lutheran Altenheim
(d) Length of stay: In hospital or institution
In this community, years, months or days

3. (a) PRINT FULL NAME John HELLERICH

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male race White 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 16 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John Hellerich

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Catharine Rapp (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Hy Bundenthal (b) Address 8721 Halls Ferry Road

17. (a) Burial (b) Date thereof Oct 29 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's

18. (a) Signature of funeral director Beiderwieden Funl Home Inc (b) Address 1936 St Louis Ave

19. (a) OCT 29 1940 (Date received local registrar) (b) J. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County. 8
(c) City or town St Louis
(d) Street No. 8721 Halls Ferry Rd.
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1940 hour 3 Pm minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1940, to Oct 26, 1940.

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6m

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature J. A. Van Doren (M. D. or other)

Address 8313 Halls Ferry Rd Date signed 10/26/40

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: Julius J. Krupar

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.