No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40471

Registrar's No. 10242

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

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: 4327 Gannett Ave.
(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 Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Gannett Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Hellberg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Hellberg

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. (Month) 19th (Day) 1889 (Year)

8. AGE: Years 51 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dominac Blattner
13. Birthplace (City, town, or county) Hungary (State or foreign country)

MOTHER
14. Maiden name Elizabeth Daugner
15. Birthplace (City, town, or county) 4327 Gannett Ave. (State or foreign country)

16. (a) Informant John Hellberg
(b) Address 4327 Gannett Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 13 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1940 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 14, 1940 to Dec 13, 1940 that I last saw her alive on Dec 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Myoma adeno Carcinoma Ovary — Duration 6 mo.

Due to Primary site uterus

Due to Genal Carcinomatosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Metastatic Carcinoma of liver

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? (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 Adam G Youngman (M. D. or other) MD
Address 5439 Grannis Date signed 12/13/40

(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 Edwin M. Hermatt

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.