

BUREAU OF THE CENSUS
FILED SEP 8 1941
784

State File No. _____

Registration District No. _____

Primary Registration District No. 115

Registrar's No. 1721

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7331 Cornell, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 7331 Cornell
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1941 hour 4 minute 10 a. M.

21. I hereby certify that I attended the deceased from Nov 22 1940, to Aug. 15 1941
that I last saw him alive on Aug 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage, non
traumatic.

Due to Cerebral
hemorrhage
of vascular hemorrhage

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Section from
Of operations necr. Jan. 41. Cerebral
Of autopsy _____

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?

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

23. Signature Lewis M. Ryan (M. D. certifier) 0
Address 615 W. 13th Bldg. Date signed Aug. 16-41

3. (a) PRINT FULL NAME Arnold J. Hellmich

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Frances Hellmich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 3 - 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 13 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business Printer

12. Name Bernard Hellmich

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Bernadine Woerman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Hellmich

(b) Address 7331 Cornell

17. (a) Cremation (b) Date thereof Aug 18 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director G.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) AUG 18 1941 (b) C. E. M. Sawyer
(Date received local registrar) (Registrar's signature) 707

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

Dr. Ihnus Ryan
Res. Pr 6085
Office Je. 5600
3903 Olive St.

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.....

Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo

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

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