

FILED NOV 11 1942 318

1003

9119

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 Mos. 11 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna Hellebrand
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..... Peter Hellebrand
6. (c) Age of husband or wife if alive..... 61 years

7. Birth date of deceased..... Dec. 18th 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 12 ..hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... John Kertesz
13. Birthplace..... Hungary
(City, town, or county) (State or foreign country)
14. Maiden name..... Anna Hussa
15. Birthplace..... Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant..... Peter Hellebrand
(b) Address..... 3719 LaSalle St.

17. (a) Burial (b) Date thereof..... 10-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

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

19. (a) NOV 2 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 12
(c) City or town..... St. Louis 9 18
(If outside city or town limits, write "RURAL")
(d) Street No..... 3719 LaSalle St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 30,
year..... 1942 hour..... 9:30 minute..... P. M.

21. I hereby certify that I attended the deceased from August
19, 1942 to October 30, 1942;
that I last saw her alive on October 30, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death..... CARCINOMA OF LEFT BREAST Duration (3)

Due to.....

Due to.....

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

Major findings: Of operations.....
Of autopsy..... CARCINOMATOSIS OF LIVER AND BONES

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?

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

23. Signature..... Dr. J. O. Neal (M. D. or other)
Address..... 1515 Lafayette Avenue Date signed..... 10/21/42

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

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 *Clarence D. Mc Nemeth*
Licensed Embalmer No. *3024*
P. O. Address.....

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, fact should be so stated above.