

S. No. 12
 M-5412
 v. 5-17-39
 1 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **339**
 Registrar's No. **542**

JAN 26 1943 **318**
 Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4228 Arsenal 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 MO. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4228 Arsenal St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Friedericke Hellinger
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 17th
 year 1943 hour 1:30 minute A. M.
 21. I hereby certify that I attended the deceased from 6/14/33
 _____, 19____ to 1/17, 1943;
 that I last saw her alive on 1/16
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Late Adolph Hellinger
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4th 1857
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Arterio-sclerosis
Hypertension
 Due to _____
 Due to _____
 Other conditions Chor. myocardiitis
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>13</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Friedolph Hellinger
 (b) Address 4228 Arsenal St.
 17. (a) Crematory (b) Date thereof 1-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Missouri Crematory
 18. (a) Signature of funeral director Weychausen Westward
 (b) Address 7228 So. Jung Highway
 19. (a) JAN 19 1943 (b) J. J. Bredenkamp
(Date received local registrar) (Registrar's signature)

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 A. F. Blas (M. D. or other) M.D.
 Address 3150 Morganfield Rd. Date signed 1/18/43

Dr. A. J. Okey

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 *Richard W. Stovessand*

Licensed Embalmer No. *4007*

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.