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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5045

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:
De Paul Hospital 0
(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 000 17 9 6

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

(d) Street No. 5147 Wabada Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherine Hellweg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Carl F. Hellweg

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

7. Birth date of deceased Dec (Month) 7 (Day) 1875 (Year)

8. AGE: Years 67 Months 5 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Borgelt
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Weinrich
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Carl F. Hellweg
(b) Address 5147 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 N. Union Blvd.

19. (a) JUN 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1943 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 30, 1943
that I last saw her alive on May 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Yellow Atrophy of Liver — Duration 8-12 wks

Due to Indeterminate

Due to

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

Major findings:
Of operations None done

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) Accident

(b) Date of occurrence Apr 24, 1943

(c) Where did injury occur? Home (City or town) (County) 000 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Oliver Calkins (M. D. or other) M.D.

Address 2301 N. Kingshighway Date signed June 1st 1943

(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 Warren A. Carver

Licensed Embalmer No. 3534

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.