S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 2744

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Franklin.

(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: yes 9 dae. (Specify whether years, months or days)

In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin

(c) City or town: Washington "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No.: R. #2.
(If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Fritz Hellmann.

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Anna Hellmann

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

7. Birth date of deceased: January (Month) 6th. (Day) 1864. (Year)

8. AGE: Years 79 Months 11 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: St. John's (Franklin Co.) Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business: x

MOTHER FATHER

12. Name: Conrad Hellmann.

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

14. Maiden name: Catherine Mary Narup.

15. Birthplace: Franklin County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Joseph Hellmann

(b) Address: Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation: (Gildehaus) Villa Ridge, Mo. R.F.D.

18. (a) Signature of funeral director: Nilburg + Pitt Inc

(b) Address: Washington, Mo.

19. (a) Jan 6, '44 (Date received local registrar) (b) Lucile Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 5th, year: 1944 hour: 6:00 minute: 10 P. M.

21. I hereby certify that I attended the deceased from Dec 6 1943 to 1-5 1944 that I last saw him alive on 1-4 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 162	
Major findings: Of operations:	
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: L. M. Denny (M. D. or other) MD

Address: Washington Mo Date signed: 1-6-44

118 (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~~ Lester H. Vitt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.