

S. No. 2
M-8-43
v. 5-17-39
I X37823

35962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 5 1944
318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 9929

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.....
CITY HOSPITAL
(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..... MISSOURI (b) County..... 000

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No..... 4620 TYROLEAN
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... ELIZABETH HELDE

3. (b) If veteran, name war..... NO

3. (c) Social Security No..... NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 2-121
year..... 1944 hour..... minute..... M.

4. Sex..... FEMALE 5. Color or race..... WHITE

6. (a) Single, widowed, married, divorced, widowed?..... WIDOWED?

6. (b) Name of husband or wife..... JOSEPH HELDE

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

7. Birth date of deceased..... NOVEMBER 9, 1873
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>12</u>	hr. min.

Immediate cause of death.....
Lobar Pneumonia

Due to.....

Due to..... 108

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

9. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation..... NIL

Major findings:
Of operations.....

Of autopsy..... 11

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... KILLIAN FISCHBACH

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)

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?.....

16. (a) Informant..... Mrs. Louise Gerner

(b) Address..... 4620 Tyrolean

17. (a) BURIAL (b) Date thereof..... NOV 24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... OLD S.S. Peter & Pauls Chm.

18. (a) Signature of funeral director..... E. J. Schmur

(b) Address..... 3125 Lafayette Ave

19. (a) NOV 22 1944
(Date received local registrar)

While at work?..... (Specify type of place)

Means of injury?.....

23. Signature..... James J. Fitz... (M. D. or other)

Address..... 1500 Clark Date signed..... 11-23-44

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..... *Joseph B. Vollmer*

Licensed Embalmer No. *4014*

P.O. Address *3125 Lafayette*

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.