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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31449

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1257

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6355 Waterman Ave.
(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 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6355 Waterman 5
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice E. Hellman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Milton A. Hellman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: about 46 Years | -- Months | -- Days | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name David Eiseman
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Amelia Stix
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Milton A. Hellman
(b) Address 6355 Waterman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Herman Ridlehuber
(b) Address 5216 Delmar Blvd.

19. (a) 9-21-45 (Date received local registrar) (b) E. G. Wm. Gerendasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1945 hour 12 minute 20 A. M.

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

Immediate cause of death Carbon Monoxide Asphyxia — Duration

Due to Suicide

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) Suicide
(b) Date of occurrence 9-20-45
(c) Where did injury occur? University City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Garage in rear of home) (Specify type of place)
While at work? no (e) Means of injury Carbon Monx (Gasoline)

23. Signature Ernest J. Wildmann (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

1630.1

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.....

Licensed Embalmer No. 4029

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.