

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1947
Registration District No. 317

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41921**
Registrar's No. **36408**

Primary Registration District No. 2062

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis, Mo. N. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6330 Forsythe Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

3. (a) PRINT FULL NAME Francis A. Hellrung
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 5 10 _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Jacob F. Hellrung

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Louise Perano

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

16. (a) Informant Joseph B. Hellrung

(b) Address 6330 Forsythe Blvd.

17. (a) Burial (b) Date thereof 1 3 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshausler Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 31 1946 (b) Ruth J. Hellrung
(Date received local registrar) (Registrar's signature)

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. 6330 Forsythe Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 31st
year 1946 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec 30, 1946
_____ 19____ to Dec 31 1946;
that I last saw him alive on Dec 30, _____ 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation, paroxysmal
Due to Unknown
Duration 7 days

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

Major findings:
Of operations None
Of autopsy No autopsy

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Thom Erlanger (M. D. or other) _____
Address 4952 Maryland Ave Date signed Dec 31, 1946

JAN. 30 1947.

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. Stovesand*

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.