

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11684
2810

State File No.

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital		d. STREET ADDRESS (If rural, give location) 572 Bellsworth 1	

3. NAME OF DECEASED (Type or Print) a. (First) Mary M. b. (Middle) Hellstern c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 3, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. C	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Conrad Altvater		13b. MOTHER'S MAIDEN NAME unk Sebley		14. NAME OF HUSBAND OR WIFE Charles Hellstern	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or specify) (If yes, give number or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mathilda Callahan 572 Bellsworth	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bile ducts		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases to lungs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Common duct & gall bladder		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 7:15	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 155X	

22. I hereby certify that I attended the deceased from **10-1**, **1952**, to **3-11**, **1953**, that I last saw the deceased alive on **3-11**, **1953**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Sheridan, M.D.	(Degree or title)	23b. ADDRESS 16 Hampton College	23c. DATE SIGNED 3-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-14-53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 16 1953 J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD. ST. LOUIS 11, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR SHELTON

230 TO 4

STATEMENT BY LICENSED EMBALMER

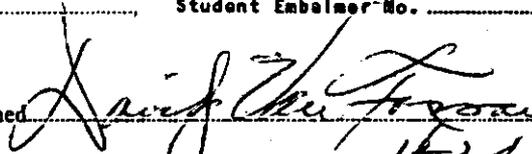
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1424

P. O. Address

6322 St. David

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.