

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32752

FILED NOV 6 - 1953

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 2672	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY OR TOWN CLAYTON		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN PINE LAWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP				e. STREET ADDRESS (If rural, give location) 4012 COUNCIL GROVE			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) J.		c. (Last) HELLMAN	
4. DATE OF DEATH OCT-14-1953		5. SEX M		6. COLOR OR RACE W		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY-27-1888		9. AGE (in years last birthday) 65		10. MONTHS 4		DAYS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY BANK		11. BIRTHPLACE (City and State or Foreign Country) EFFINGHAM - ILL		12. CITIZEN OF WHAT COUNTRY? U.S.	
12a. FATHER'S NAME JOHN HELLMAN		12b. MOTHER'S MAIDEN NAME CAROLINE FRIELING		14. NAME OF HUSBAND OR WIFE SADIE HELLMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494-09-3466		17. INFORMANT'S SIGNATURE OR NAME Wm Sadie Hellman, Council Grove			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension degenerative myocarditis				INTERVAL BETWEEN ONSET AND DEATH Nov 14 1952 (11 months)	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>				4:43 X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Oct 14, 1953 to Oct 14, 1953 , that I last saw the deceased alive on Oct 5, 1953 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. R. J. ...				23b. ADDRESS 539 N. Grand Ave		23c. DATE SIGNED 10/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-17-53		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO	
DATE REC'D BY LOCAL REG. 10/16/53		REGISTRAR'S SIGNATURE Walter B. ...		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS 8107 ...			

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Harris*.....

Licensed Embalmer No. *4108*

P. O. Address *H. Harris*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.