

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17379

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1109

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Wood River</u>	
c. LENGTH OF STAY (in this place) <u>DOA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>216 S 12th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) <u>Esther</u> c. (Last) <u>Hellenmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 5, 1938</u>
9. AGE (In years last birthday) <u>15</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alton Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alton Illinois</u>	
13a. FATHER'S NAME <u>Paul E Whittington</u>	13b. MOTHER'S MAIDEN NAME <u>Velva Wheeler</u>	14. NAME OF HUSBAND OR WIFE <u>David Lee Hellenmeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>304-36-3327</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velva B. Bullock</u> ADDRESS <u>216 S. 12th St.</u>	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>both from skull fracture and multiple injuries, suffered when the automobile in which she was a passenger got out of control while being driven north on Highway 67 and struck a bridge abutment at Cold Water Creek and fell into the creek.</u>		INTERVAL BETWEEN ONSET AND DEATH
	2. OTHER SIGNIFICANT CONDITIONS at Cold Water Creek and fell into the creek. Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E 9230</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bridge abutment</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural 400 St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/12/54 1:32A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car struck a bridge abutment and fell into creek.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Amold J. Willmann</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>5/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton</u>	24d. LOCATION (City, town, or county) (State) <u>Alton Illinois</u>
DATE REC'D BY LOCAL REG <u>5/12/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. Lamb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. DeWitt</u> ADDRESS <u>2521 Edwards Alton 211</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *O. D. Smith*

Licensed Embalmer No..... *41*

2571 E. 1st
P. O. Address..... *Wilton*

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.