

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12993

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 119

923
1

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Charles</u> | c. LENGTH OF STAY (in this place) <u>27 yrs.</u> | c. CITY OR TOWN <u>Saint Charles</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>1001 North Fifth St.</u> | | e. STREET ADDRESS (If rural, give location) <u>1001 North Fifth St.</u> <u>0923</u> | |

| | | | | |
|-------------------------------------|-------------------------|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Louis</u> | b. (Middle) <u>T.</u> | c. (Last) <u>Hellrich</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1955</u> |
|-------------------------------------|-------------------------|-----------------------|---------------------------|--|

| | | | | |
|--------------------|-------------------------------|---|---------------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 12, 1868</u> | 9. AGE (In years last birthday) <u>87</u> If UNDER 1 YEAR Months <u>2</u> Days <u>25</u> If UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|---|---------------------------------------|--|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>treasurer (retired)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|--|--|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Henry Hellrich</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schook</u> | 14. NAME OF HUSBAND OR WIFE <u>Catherine Schroeder</u> |
|--|---|--|

| | | | |
|--|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>498-07-9458</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis Hellrich, St. Charles, Mo</u> | ADDRESS |
|--|--|---|---------|

| | | | |
|---|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>5 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis / heart disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gen. arterio sclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS 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>1</u> | 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) | 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 9-10-54 to 5-5-55, that I last saw the deceased alive on 5-7-55, and that death occurred at 5:00 P.M. m., from the causes and on the date stated above.

| | | |
|--|-------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>R. R. Kunkle</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>ST. CHARLES, Mo</u> | 23c. DATE SIGNED <u>MAY 7 1955</u> |
|--|-------------------------------------|------------------------------------|

| | | | |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 9, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 24d. LOCATION (City, town, or county) <u>Saint Charles, Mo.</u> |
|---|------------------------------|--|---|

| | | |
|--|---|---|
| DATE REC'D BY LOCAL REG. <u>May 7 1955</u> | REGISTRAR'S SIGNATURE <u>Franz Hamilton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dallman</u> ADDRESS <u>St. Charles, Mo</u> |
|--|---|---|

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.....
Frank R. Amalson

Licensed Embalmer No.....
4

P. O. Address.....
St. Charles

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.