

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15834**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **25**

1. PLACE OF DEATH  
a. COUNTY **JEFFERSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO** b. COUNTY **JEFFERSON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **HILLS BORO** c. LENGTH OF STAY (in this place) **1 yr**

c. CITY OR TOWN **DE SOTO** d. Is Residence within limits of a city or incorporated town? Yes  No  **0-500**

d. FULL NAME OF HOSPITAL OR INSTITUTION **CEDAR GROVE NURSING HOME** e. STREET ADDRESS (If rural, give location) **RI**

3. NAME OF DECEASED (Type or Print) a. (First) **PETER** b. (Middle) **HELLEBRAND** c. (Last) **HELLEBRAND** 4. DATE OF DEATH (Month) (Day) (Year) **MAY 21 1955**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED 2** 8. DATE OF BIRTH **SEPT 4, 1881** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CABINET MAKER** 10b. KIND OF BUSINESS OR INDUSTRY **CABINET** 11. BIRTHPLACE (City and State or Foreign Country) **GERMANY 4** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **PETER HELLEBRAND** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **ANNA HELLEBRAND**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **492-05-6450** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Paul HEGEDUS** ADDRESS **DE SOTO, MO**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute pyelonephritis.** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **10 days.**

ANTECEDENT CAUSES DUE TO (b) **Prostate - benign prostate hypertrophy, post-operative.** **3 months**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **cerebral arteriosclerosis & cerebral accident, old** **one year**

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 **611 X** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May 17, 1955**, to **May 21, 1955**, that I last saw the deceased alive on **May 20, 1955** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thomas A. Donnell - MD.** 23b. ADDRESS **Desoto, mo** 23c. DATE SIGNED **5-23-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MAY 24 1955** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST LOUIS, MO**

DATE REC'D BY LOCAL REG. **5-30-55** REGISTRAR'S SIGNATURE **Kathleen Marsden** 141-10 25. FUNERAL DIRECTOR'S SIGNATURE **MAHN FUNERAL HOME** ADDRESS **Desoto, Mo**

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 7 1955

JUN 20 1955

JUN 14 1955

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 GERALD J. MAHN, Student Embalmer No. 50 working under my personal supervision..

Student Gerald J. Mahn  
Signature of Student Embalmer

Signed Samuel J. Mahn

Licensed Embalmer No. 43

P. O. Address Redoto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.