

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21707**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 134	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN NEW HAVEN		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) a. (First) REGINA			b. (Middle) KATHERINE		c. (Last) HELLEBUSCH		4. DATE OF DEATH (Month) (Day) (Year) AUG 1st 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JUNE 21 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Month 1 Days 10	IF UNDER 1 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PEERS MO.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME HENRY GLOSEMEYER			13b. MOTHER'S MAIDEN NAME ADELAIDE FINDER		14. NAME OF HUSBAND OR WIFE GEORGE HELLEBUSCH		
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. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Veronia Popmann, New Haven, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, Cerebral, severe					INTERVAL BETWEEN ONSET AND DEATH 4 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Ditruscularis gen, Mod. ?			
				DUE TO (c) Hypertension, severe			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8/1, 1955 , to 8/1, 1955 , that I last saw the deceased alive on 8/1, 1955 , and that death occurred at 1:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Michael S. Pfeiffer, M.D.				23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 8/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 4 1955	24c. NAME OF CEMETERY OR CREMATORY ASSUMPTION CATHOLIC		24d. LOCATION (City, town, or county) (State) NEW HAVEN MO.		
DATE REC'D BY LOCAL REG. 8/2/55		REGISTRAR'S SIGNATURE L. C. Feltig & Son		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. C. Feltig & Son, New Haven, Mo.			

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.....
Carl C. Fertig

Licensed Embalmer No. 33

P. O. Address New H.

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.