

STANDARD CERTIFICATE OF DEATH

32746

State File No. 288940

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 177

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) 32 yrs.		c. CITY OR TOWN Washington.		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. Francis Hospital.				e. STREET ADDRESS (If rural, give location) 909 W. 5th St. 03620			
3. NAME OF DECEASED (Type or Print) a. (First) Leo		b. (Middle) Fred		c. (Last) Hellebusch		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16th, 1955.	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16th, 1885.	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR 9 Months 8 Days	11. UNDER 15 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter.		10b. KIND OF BUSINESS OR INDUSTRY Painter & Decorator		11. BIRTHPLACE (City and State or Foreign Country) Peers, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Hellebusch.		13b. MOTHER'S MAIDEN NAME Wilhelmina Struckhoff.		14. NAME OF HUSBAND OR WIFE Josephine Hellebusch.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. 498-05-1267		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Hellebusch Washington, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr. myocarditis chr. nephritis (glomerular) Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) general arteriosclerosis. DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1948 1946	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X					
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., sea.)		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 2-9, 1944, to 10-16, 1955, that I last saw the deceased alive on 10-16, 1946 and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE M. H. Hellebusch				23b. ADDRESS Mrs. Hellebusch + Elva Washington, Mo.		23c. DATE SIGNED 10-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 18, 1955.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery.		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. 10/18/55		REGISTRAR'S SIGNATURE F. L. Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hilburg + Vitt, Inc. Washington, Mo.			

(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 *Lester A. Vitt*.....

Licensed Embalmer No. *325*

P. O. Address *Washington*

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.