

42161

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 - 1956

State File No.

318

1003

11127

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePAUL HOSPITAL		e. STREET ADDRESS (If rural, give location) 7 4248 MARCUS AVE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPHINE		b. (Middle) HELLWIG		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 16, 1875		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A		IF UNDER 1 YEAR Months Days	

13a. FATHER'S NAME JACOB NEUMANN		13b. MOTHER'S MAIDEN NAME MARY CLEARY		14. NAME OF HUSBAND OR WIFE CHRISTOPH HELLWIG	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MARIE HELLWIG	
				ADDRESS 4248 MARCUS	

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> <u>5 years & Nov 3/55</u>	
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19a. DATE OF OPERATION <u>Nov 5</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture of hip plated</u>				20. AUTOPSY? YES <input checked="" 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.) <u>bed room</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO Mo</u>		21d. TIME OF INJURY <u>11 3 55 9a.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>Patient fell going to toilet</u>					

22. I hereby certify that I attended the deceased from Aug 11 1955, to Dec 19 1955, that I last saw the deceased alive on Dec 18 1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Hau</u>		(Degree or title)		23b. ADDRESS <u>1117 N Grand</u>		23c. DATE SIGNED <u>12/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>DEC. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>DEC 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT CARROLL</u>		ADDRESS <u>4600 NATURAL BRIDGE</u>	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

DR. E. KANE
1117 N. GRAND
JE 3-7141

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 *M. W. Rueter*

Licensed Embalmer No... *48*

P. O. Address... *St Louis*

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