

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 6 1956

318

1003

7028

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				b. COUNTY									
b. CITY OR TOWN St. Louis				c. CITY OR TOWN St. Louis				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. LENGTH OF STAY (in this place)				STREET ADDRESS (If rural, give location)				6 5930 Lotus Ave.									
d. FULL NAME OF HOSPITAL OR INSTITUTION 5930 Lotus Ave.																	
3. NAME OF DECEASED (Type or Print) Richard			a. (First)			b. (Middle)			c. (Last) Hellmann			4. DATE OF DEATH July 28, 1956 (Month) (Day) (Year)					
5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH Nov. 7, 1877			9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.					
10a. USUAL OCCUPATION* (Give kind of work done during most of working life, even if retired) Shoe Worker				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME (Un)John Hellmann				13b. MOTHER'S MAIDEN NAME Anna Stephenson				14. NAME OF HUSBAND OR WIFE Mary (Divorced)									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Kenneth Zeilmann, 5932 Lotus Ave.				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)								INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 420.1								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) (Min)				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10 A.M., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title)						23b. ADDRESS 1300 Clark						23c. DATE SIGNED 7/30/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 7/30/56				24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
DATE REC'D BY LOCAL REG. JUL 30 1956				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl.									

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.....
Gustav W. Dittler

Licensed Embalmer No. *#32*

P. O. Address *St. Louis*

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.