

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29539
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **7560**

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 24 TEXAS 3142 TEXAS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MATHIAS Middle Last HELLBERG			4. DATE OF DEATH Month AUG Day 10 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 20 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TAVERN OWNER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? U-S-A
13. FATHER'S NAME JOHN HELLBERG			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MAGDALENA HELLBERG 3142 TEXAS		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic - Pneumonia Broncho pneumonia DUE TO (c) Senility - Incontinence of urine Senility - Incontinence of urine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 491X					INTERVAL BETWEEN ONSET AND DEATH 1 week 2 wks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) R. A. 11-27-57		20f. CITY, TOWN, OR LOCATION COUNTY STATE 8-10-57	
21. I attended the deceased from July 31 1957 to Aug 10 1957 and last saw her alive on Aug 10 1957 . Death occurred at 4:35 P. m on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE (Degree or title) H. M. Kinner M.D.			22b. ADDRESS 3014 S. Jefferson Ave		22c. DATE SIGNED 8-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 14 1957	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM		23d. LOCATION (City, town, or county) (State) ST LOUIS MO
24. FUNERAL DIRECTOR Thomas Kutie		ADDRESS 2906 Gravois		25. DATE RECD. BY LOCAL REG. AUG 13 57	26. REGISTRAR'S SIGNATURE J. Carl Smith MO

(Licensed Embalmer's Statement on Reverse Side)

00
56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-3 Mon
12-3 Tue

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.....
Licensed Embalmer No. 3
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...