S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026057
State File No.

FILED JUL 25 1958

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rock Township
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Barnhart, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No. ☒
e. STREET ADDRESS (If rural, give location): near Barnhart, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): M.
c. (Last): Helle

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1958

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 24, 1879
9. AGE (In years last birthday): 78
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Joseph Ramspott
13b. MOTHER'S MAIDEN NAME: Elizabeth (Unknown)
14. NAME OF HUSBAND OR WIFE: Michael Helle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Michael Helle
ADDRESS: Barnhart, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 3 yrs
DUE TO (c) Arteriosclerosis - Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* July 12, 1958, *that I last saw the deceased alive on* July 12, 1958, *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter R. Bradau MD
23b. ADDRESS: 3903 Olive St. St. Louis 8 Mo.
23c. DATE SIGNED: 7/12/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 58
24c. NAME OF CEMETERY OR CREMATORY: Burgess Cemetery
24d. LOCATION (City, town, or county) (State): Antonia, Mo.

DATE REC'D BY LOCAL REG.: 7-15-58
REGISTRAR'S SIGNATURE: Robert E. Bauer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heiligtag--Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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AUG 13 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ..... ~~Student Embalmer No.~~ .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial Mo

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