

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038398

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2580

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>4000 MANCHESTER</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Co. Hosp.</u>		Length of stay in lb <u>2 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>H # 100</u>
Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN GEORGE HELLMANN</u>			4. DATE OF DEATH Month Day Year <u>10-7-58</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/31/1877</u>	9. AGE (In years last birthday) <u>80</u>	F UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Emil Bopp, PR</u>	11. BIRTHPLACE (City and state or country) <u>MANCHESTER, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HELLMANN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WOERTHER</u>	14. NAME OF HUSBAND OR WIFE <u>KATHERINE HELLMANN</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>DOVIE SODOMA</u>	Address <u>MANCHESTER, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Arteriosclerosis</u>	
	DUE TO (c) <u>332X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION <u>CLAYTON</u>	COUNTY <u>MO.</u>	STATE <u>MO.</u>
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21. I attended the deceased from 10-5-58 to 10-7-58 and last saw ^{her} him alive on 10-7-58
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Gene Z. Page, M.D.</u> (Degree or title)	22b. ADDRESS <u>601 S. Brentwood, Clayton Mo</u>	22c. DATE SIGNED <u>10-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>POUND, MO.</u>
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24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin Mo</u>	ADDRESS <u>Ballwin Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Dondos, M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard Bopp*

Licensed Embalmer No. *4584*
P. O. Address *Ballerin Mo*

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.