

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003052

STATE FILE NUMBER

156

JAN 26 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

1-57

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45

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>JEFF</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>DE SOTO</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DE PAUL</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>ROUTE # 2</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>MARY</i> Middle <i>ELIZABETH</i> Last <i>HELLWIG</i>			4. DATE OF DEATH Month <i>JAN</i> Day <i>5</i> Year <i>1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 30, 1884</i>
9. AGE (In years last birthday) <i>74</i>		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) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>	11. BIRTHPLACE (City and state or country) <i>MOONTOWN, MO</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>JOHN HARPER</i>	
13b. MOTHER'S MAIDEN NAME <i>JUSTINE BOYER</i>		14. NAME OF HUSBAND OR WIFE <i>EUGENE HELLWIG</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>EUGENE HELLWIG</i> Address <i>DE SOTO, MO</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Congestive Heart Failure + nephrosclerosis</i> DUE TO (c) <i>442x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
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 type="checkbox"/> NO <input checked="" 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.)	
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>May 1, 1956</i> to <i>Jan 3, 59</i> and last saw her alive on <i>Dec. 20, 1958</i> Death occurred at <i>2:05 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. B. Javan M.D.</i> (Degree or title)		22b. ADDRESS <i>239 N. Grand St. St. Louis, Mo</i>	22c. DATE SIGNED <i>1/7/59</i>
23a. BURIAL, CREMATION, or other disposition (Specify) <i>BURIAL</i>	23b. DATE <i>JAN 7, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALWARY</i>	23d. LOCATION (City, town, or county) (State) <i>DE SOTO MO</i>
24. FUNERAL DIRECTOR <i>MAHN FUNERAL HOME</i> ADDRESS <i>DE SOTO MO</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 7 '59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>mjb</i>

MAY 13 1958

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 *Daniel J. Mahu*

Licensed Embalmer No. *4326*
P. O. Address *Wesloto*

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.