

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003975

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

172

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST. Louis - Mo.</u>				a. STATE <u>MO.</u>		b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORMANDY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FLORISSANT 4051</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give locatipp) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		Length of stay in 1b <u>43 days</u>		d. STREET ADDRESS (If outside, give location) <u>1180 Patterson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last <u>MARY THERESE HELLMANN</u>				Month Day Year <u>1 - 16 - 59</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 26, 44</u>		9. AGE (In years last birthday) <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERNARD John Hellmann</u>			13b. MOTHER'S MAIDEN NAME <u>HELEN MEYER</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Bernard J. Hellmann</u> Address <u>1180 Patterson</u>		
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>Ventricular Fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Uremia.</u> DUE TO (c) <u>Nephrosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> <u>42 days</u> <u>2 mos</u>	
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Dec 5, 1959</u> to <u>Jan 16, 1959</u> and last saw her alive on <u>Jan 16, 1959</u> Death occurred at <u>10:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>William D. McHaven, Jr.</u> (Degree or title) <u>2</u>				22b. ADDRESS <u>3301 Ashby Rd. St Ann, Mo</u>		22c. DATE SIGNED <u>1/16/59</u>	
23a. BURIAL CREMATION <u>BURIAL</u>		23b. DATE <u>1-19-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS 1 MISSOURI</u>		
24. FUNERAL DIRECTOR <u>THE FLORISSANT MORTUARY,</u>			ADDRESS <u>FLORISSANT, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-18-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms with no related 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 *Gene A. Hutchens* .....

Licensed Embalmer No. *4966* .....

P. O. Address *FLORENTINO* .....

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.