

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033890

FILED VS 372 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7998** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Lifetime		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6145 Laura Avenue (20)	
3. NAME OF DECEASED (Type or print) First DELLA Middle HELMANN Last				4. DATE OF DEATH Month Aug. Day 27, Year 1959			
5. SEX Female	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 Jan. 28, 1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Packer		10b. KIND OF BUSINESS OR INDUSTRY Haase Olive CO.		11. BIRTHPLACE (City and state or country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Theodore Kelting			13b. MOTHER'S MAIDEN NAME Josephine Mueller		14. NAME OF HUSBAND OR WIFE Harry F. Hellmann		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 499-28-9209		17. INFORMANT Address Harry F. Hellmann 6145 Laura Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST						INTERVAL BETWEEN ONSET AND DEATH INSTANT	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE 1 YR	
						DUE TO (c) ARTERIO SCLEROSIS 2 YRS	
						DUE TO (c) DIABETES MELLITUS 2 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.		Month, Day, Year					
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 Aug 18 1959 to Aug 27 1959 and last saw ^(he) _(him) alive on Aug 27 1959 Death occurred at 11:30 A M 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D S Michael M.D.				22b. ADDRESS 812 Olive St Louis		22c. DATE SIGNED 8/27/59	
23b. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. DATE Aug. 31, 1959		23d. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery		23e. LOCATION (City, town, or county) St. Louis County MO.	
24. FUNERAL DIRECTOR ADDRESS SUEDEMEYER & SON'S 3934 N. 20th Street				25. DATE RECD. BY LOCAL REG. AUG 28 '59		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harvey Kadle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.