SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022675

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6309

AMENDED

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY ~~St. Louis County~~ St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY ~~St. Louis~~

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b

c. CITY OR TOWN St. Louis, Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony's Hosp. Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 3520 Chippewa St. Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Ottilia Middle Last Helz (Sister M. Alcantara) (Ottilia Helz)

4. DATE OF DEATH Month 7 Day 5 Year 61

5. SEX F.

6. COLOR OR RACE W.

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 10-21-1886 — 74

9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse - Religious

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (City and state or country) Calvary, Wisconsin

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Helz

13b. MOTHER'S MAIDEN NAME Anna Flatz

14. NAME OF HUSBAND OR WIFE none

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. ------

17. INFORMANT Address Sister M. Carola. O.S.F. 3520 Chippewa St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5½ mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) — 33H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] —

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 [ ] NOT WHILE AT WORK [ ]

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 1/20/61 to 7/5/61 and last saw her/him alive on 7/4/61

Death occurred at 1:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert G. Warner MD

22b. ADDRESS 1115 Paul Brown Bldg. St. Louis

22c. DATE SIGNED 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/7/61

23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. JUL 6 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED 9 -

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18,

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.