

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028737

318

1003

7373

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED AUG 6 1962**

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY OR TOWN Town and Country Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 12400 Clayton Road Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
HENRY M. HELLERUD

4. DATE OF DEATH Month Day Year  
July 25-1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 3/17/1894 9. AGE (last birthday) 68 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) Vice Pres. of Waddel Reed Investment Co.  
10b. KIND OF BUSINESS OR INDUSTRY Rushford, Minn.  
11. BIRTHPLACE (City and state or country) USA  
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME unk 13b. MOTHER'S MAIDEN NAME unk 14. NAME OF HUSBAND OR WIFE Emma Leda Hellerud

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 Rd. Mrs. Emma L. Hellerud, 12400 Clayton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Malignant Lymphoma INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 2002

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  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
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 10-4-41 to 7-25-62 and last saw him alive on 7/24/62  
Death occurred at 9:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD. 22b. ADDRESS 18 S. Kingshighway 22c. DATE SIGNED 7/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/27/1962 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Lupton Chapel Inc. 7233 Delmar Blvd 25. DATE RECD. BY LOCAL REG. JUL 26 1962 26. REGISTRAR'S SIGNATURE [Signature]

City Kellomund  
12:30 PM: 6 PM  
for Paul  
#185 King Highway  
FD 1015-D

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.