

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

103

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5093

1. PLACE OF DEATH St. Louis
 County St. Louis Registration District No. 840
 Township Park Creek Primary Registration District No. 6102
 City Park Creek (No.) St. Ward)

2. FULL NAME Paul Frederick Helfoug
 (a) Residence. No. St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>3</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leasmo
 (STATE OR COUNTRY)

10. NAME OF FATHER Vader Helfoug

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leasmo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hazel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago, Ill
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. I HEREBY CERTIFY That Paul Frederick Helfoug died from Brain Pneumonia following influenza 11A 107A 9 da.
 that I last saw him alive on Jan 8 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Brain Pneumonia
following influenza
11A
107A (duration) yrs. mos. 9 da.

CONTRIBUTORY (SECONDARY) 11A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. T. Edmund, M. D.
119, 1929 (Address) Park Creek Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leasmo Cemetery DATE OF BURIAL Jan 9 1929

20. UNDERTAKER Hexman-Whitaker Co ADDRESS Park Creek Mo

14. INFORMANT Vader Helfoug
 (Address) Leasmo Mo

15. FILE Jan 9 1929 C. L. Hope REGISTRAR

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