

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

Do not use this space.

29431

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis

(No. 1536 Papin St.)
Mary Helfrich
St. Mary's Infirmary

File No. 8417

Registered No. 8417

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7110 Nordl. Av. St. 4 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1879

AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>51 yrs</u>		<u>unknown</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 117 E 109

(b) General nature of industry, business, or establishment in which employed (or employer). 127

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER William H. M. & Co. Co. Co.

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

12. MAIDEN NAME OF MOTHER Jennie Conroy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland

14. INFORMANT Frank Helfrich (Address) 7110 Nordl. Av.

15. FILED 116-4 123 1931 REGISTRAR Wm. C. Harlow

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2-1931

17. I HEREBY CERTIFY, That I attended deceased from 7/25/31 to 8/2/31 that I last saw her alive on 8/1/31, 1931, and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction chronic due to Duodenal Ulcer & cholecystitis labor.
(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Para coelic syndrome, chronic myocystitis labor.
(duration) many yrs. mos. ds.

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

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/31/31 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) W. J. McTear M. D.
8/2, 1931 (Address) 1536 Papin

*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 Calvary Cemetery DATE OF BURIAL 8/5 1931

20. UNDERTAKER Arthur J. Donnelly, Undertaker Co. 2039 Wash St. ADDRESS _____

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.

paracardiac
— Syndrome