7-7

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

Do not use this space. Need for correction.

File No. 30261

Registered No. 270

1. PLACE OF DEATH
96 County St Louis
Township Central
City ..... (No. ....., Our Lady of Good Counsel Ward)

Registration District No. 789
Primary Registration District No. 6933

2. FULL NAME Mrs. Amelia Mary Helm
(a) Residence. No. 6825 Natural Bridge Rd. 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.

OCT 29 1932

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.

WHITE PAPER ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	4	10	

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

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

PARENTS
10. NAME OF FATHER Unknown Helm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT William A Helm
(Address) 6825 Nat Bridge

15. FILED 9/30, 1932 Nella Grey M.D. REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 7 1932

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1929, to September 7, 1932 that I last saw her alive on September 7, 1932, and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 Parkinson's disease of
92 A terminal Arthritis deformans
92 C
89 B Pneumonia terminal (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis. Cardiac Cirrhosis. Anemia (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At her home
IF NOT AT PLACE OF DEATH Was at the home of invalid for 3 years
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Lula B. Turner, M. D.
9/7/, 1932 (Address) 3718 Jennings Rd.

*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	DATE OF BURIAL
Calvary Cemetery	Sept 7 1932
20. UNDERTAKER	**ADDRESS**
Wm J Robert	1905 S Grand Blvd