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

Do not use this space.

30746

File No. 8422

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No.

Township — Primary Registration District No.

City St. Louis, Mo (No. 4609 Newport St. Ward)

2. FULL NAME August Helmers

(a) Residence. No. 4609 Newport Ave. St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
78	5	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Henry Helmers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 31

14. INFORMANT Henry Helmers
(Address) Chester, Ill.

15. FILED SEP 20 1932 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Sept 19, 1932 that I last saw him alive on Sept 19, 1932 and that death occurred, on the date stated above, at 2:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

930 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adam G Youngman, M.D

9/19, 1932 (Address) 5439 Grovers

*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
Wine Hill Illinois	Sept. 22 1932
20. UNDERTAKER	**ADDRESS**
Oscar C Schneider	Chester Ill.

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.

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