

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

Do not use this space.

34027

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 9377  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 2221 So. 3rd St Ward.....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 - 1873

7. AGE YEARS 58 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 182

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio

13. NAME James Helm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

15. MAIDEN NAME Caroline Nuck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville DATE Oct 24 1932

19. UNDERTAKER (ADDRESS) Wick Bros

20. FILED 103 77 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 19th 1932 to Oct. 21st 1932  
I last saw him alive on Oct. 21st 1932 Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease Date of onset 131  
Other contributory causes of importance: 1

Name of operation None Date of.....  
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) Maurice A. Nelson, M.D.  
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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