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

Do not use this space.

File No. 42275
Registered No. 11405

1. PLACE OF DEATH

County ..... Registration District No. 1798 10132

Township ..... Primary Registration District No. .....

City St. Louis (No. 4764 Milentz St. ..... Ward)

2. FULL NAME William G. Helm

(a) Residence No. 4764 Milentz St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	5	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. Mo

FATHER

13. NAME Wm Helm Sr.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm Helm
(ADDRESS) 4764 Milentz

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE Dec. 24th, 1932

19. UNDERTAKER Wm Schumacher
(ADDRESS) 3613 Meramec St.

20. FILED ..... 19..... Max C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Dec 22, 1932

I last saw him alive on Dec 21, 1932. Death is said to have occurred on the date stated above, at 3 30 P.M.

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

	Date of onset
Carcinoma of Liver	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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? .....

If so, specify .....

(Signed) H. A. Schumacher, M. D.

(Address) 6811 Gravois Ave

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.