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.

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

Do not use this space.

18092

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4295

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3968a Palm St St. ..... Ward)

2. FULL NAME Simon F. Helle

(a) Residence, No. 3968a Palm St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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~~ Anna K. Helle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Mo

FATHER

13. NAME Unknown Helle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown Plegge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Anna K. Helle 3968a Palm St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Haven, Mo DATE May 17, 1933

19. UNDERTAKER (ADDRESS) Diehmann Hazel 1905 Union Blvd

20. FILED MAY 15 1933, 19 X. F. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 - 310 P.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 - 1932, to May 14 - 1933

I last saw him alive on May 12th, 1933 Death is said to have occurred on the date stated above, at 310 P.m.

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

Gen. Senility; Mitral Insufficiency; Enlarged Left Ventricle; Endocarditis Chronic

Date of onset

Other contributory causes of importance

92a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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? X

If so, specify .....

(Signed) E. Weaver Johnson, M. D.

(Address) 818-819 Ambassador Bld St Louis Mo