

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5501**, **Albert Ave**) St. Ward.....
 Registered No. **18890**
5405

2. FULL NAME

Anna M. Helfert
 (a) Residence, No. **5501 Albert Ave** St., 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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ph. Helfert**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 10 - 1861**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home work**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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**
 13. NAME **Phil Yeager**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**
 15. MAIDEN NAME **Anna Helfert**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

17. INFORMANT **Ph. Helfert**
 (ADDRESS) **5501 Albert Ave**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 1st 1934**
 19. UNDERTAKER (ADDRESS) **Thomson's Undert Co 4740 W. Pleasant Ave**
 20. FILED **31** 19 **34**
J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **May 27** 19 **34** to **May 29** 19 **34**
 I last saw her alive on **May 28** 19 **34** Death is said to have occurred on the date stated above, at **10:50 a. m.**
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Don't know
 Other contributory causes of importance:
X

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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) **Roland P. Meinorn M. D.**
 (Address) **5330 Geraldine Ave**

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. JUN 19 1934

