

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

Do not use this space.

41682

JAN 13 1936

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **10926**

Township.....

Primary Registration District No. **1003**

Registered No. **10926**

City **St. Louis** (No. **13861**)

City **St. Louis**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **1434**

(Usual place of abode)

**Judith Helmer**

Ward **26**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/23, 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **12/10**, 19**35**, to **12/23, 1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 31, 1874**

I last saw **her** alive on **12/23, 1935** Death is said

7. AGE YEARS **61** MONTHS **3** DAYS **22** If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at **6:30** a.m.

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

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

Date of onset

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

**Carcinoma of Stomach (Cardiac End)**

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

11. Total time (years) spent in this occupation

Other contributory causes of importance: **1/6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

13. NAME **Christian Helmer**

Name of operation **Lithostomy** Date of **12/12/35**

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

What test confirmed diagnosis? ... Was there an autopsy? **no**

15. MAIDEN NAME **Kennetha Pfeiffer**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ... Date of injury, 19...

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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **Wm J. Kelly** (ADDRESS) **707 City St**

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bridgman Cem** DATE **Dec 26, 1935**

Nature of injury

19. UNDERTAKER **City Reinterment and Co.** (ADDRESS) **1417 N. Market St**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED **DEC 24 1935** **J. Bredecke** Registrar.

(Signed) **J. B. Siegent**, M. D.

(Address) **City St. Louis**

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.

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

