

APR 27 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 791

Township

Primary Registration District No. 1003City St. Louis(No. Deaconess Hospital)File No. 174114180

Registered No.

St.

Ward)

## 2. FULL NAME

Talitha Ida Helmkamp(a) Residence, No. 2727 Hanley Road.St. N. P.Ward. Wellston, Mo.

(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)

Single

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

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

Feb. 25, 1894

7. AGE

YEARS

42

MONTHS

1

DAYS

19

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Nurse

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)

St. LouisMo.

FATHER

13. NAME

Fred W. Helmkamp

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

St. Louis CountyMO.

MOTHER

15. MAIDEN NAME

Ida Frick

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

WaterlooIll.

17. INFORMANT (ADDRESS)

F. W. Helmkamp2727 Hanley Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Oak GroveDATE Apr. 17, 1936

19. UNDERTAKER (ADDRESS)

W. F. Paschedag2825 N. Grand Blvd.

20. FILED

APR 16 1936

19

J. F. Bredeck  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 193622. I HEREBY CERTIFY, That I attended deceased from 3/15/36, 19....., to 4/13, 19 36I last saw her alive on April 13, 19...36 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Septic meningitis Non-Epidemic (State of onset)

Other contributory causes of importance:

Septic pneumonia  
MastoiditisName of operation Mastoidectomy Date of 4/5/36What test confirmed diagnosis? Lumbar puncture (When 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 directly related to occupation of deceased? YesIf so, specify Probably extracted teeth at date(Signed) J. F. Bredeck

M. D.

(Address) 6368 Washington

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.

