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.

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

MAY 7 1936 791

Do not use this space.

17420

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4190

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

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME WILLIAM M HELMENDACH

(a) Residence, No. HERMANN RFD #2 St., NR Ward. Herman 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. 7 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 Cornelia Helmendach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1882

7. AGE: YEARS 54 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

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. Farm

10. Date deceased last worked at this occupation (month and year) Feb 15

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo RFD.

FATHER

13. NAME JOHN HELMENDACH

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

MOTHER

15. MAIDEN NAME Mary Bensing

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

17. INFORMANT (ADDRESS) Mrs Cornelia Helmedach Herman Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL

PLACE Berger Mo DATE Apr 15 1936

19. UNDERTAKER (ADDRESS) Herman Blumer Berger Mo

20. FILED APR 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 - 11 AM o'clock 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 15, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 11 30 A m.

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

Ulcer of Duodenum

Date of onset

1176

Other contributory causes of importance:

Hemorrhage from ulcer

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? ..... 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) L. N. Hauptmann, M. D.

(Address) 203 Brownson Bldg.