JAN 10 1937

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

Do not use this space.

47046

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. 12873

Registered No. .....

City St Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Fred Helfert

(a) Residence, No. 4817 Goethe Ave St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-23-1894

7. AGE: YEARS 42 | MONTHS - | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Truck driver

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis County Missouri

FATHER

13. NAME: Geo. Helfert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Sophia Heanek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St.Louis, Missouri

17. INFORMANT (ADDRESS): W.L. Moore, M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Lucas DATE Dec. 31, 1936

19. UNDERTAKER (ADDRESS): Henry L. Wiedemueller 6203 Grand

20. FILED DEC 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-28, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Dec. 28, 1936

I last saw him alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 7:25 P.M.

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

Lobar-pneumonia (Left lower Lobe) 11-27-36

Date of onset

83

Other contributory causes of importance:

Gen. Paralysis of Insane caused by syphilis 11-16-36x

Cystitis septic 11-16-36x

Arteriosclerotic Heart Disease 11-16-36

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) W. L. Moore, M.D., M. D.

(Address) 5400 Arsenal St.

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 50M-10-22-36 I X9314