

JUN 12 1937

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**

File No. **18806**

Township.....

Primary Registration District No. **1008**

Registered No. **5382**

City **Saint Louis**

(No. **St. Lukes Hospital**)

St. .... Ward)

2. FULL NAME **Arthur W. Helmholz**

(a) Residence, No. **Harrisburg, Illinois** St. **N.R.** Ward. **Harrisburg, Illinois**  
(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 **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 -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 21, 1885**

7. AGE YEARS **51** MONTHS **7** DAYS **7** If LESS than 1 day, .....hrs. or .....min.

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

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) **Wisconsin**

13. NAME **William O. Helmholz**

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

15. MAIDEN NAME **Albertanna Taube**

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

17. INFORMANT **K. J. Helmholz**, (ADDRESS) **325 W. Huron, Chicago, Illinois.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **May 30, 1937**

19. UNDERTAKER **CRAIG UNDERTAKING COMPANY** (ADDRESS) **4468 Washington Blvd.**

20. FILER **MAY 30 1937** **J. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **04**, 1930 to **May 28, 1937**

I last saw him alive on **May 28, 1937** Death is said

to have occurred on the date stated above, at **7:30** p.m.

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

**HYPERTENSION. 1930** Date of onset

**ACUTE-CARDIAL-DILATATION**

**SUDDEN. MAY-28-1937**

**due to Hypertension and**

**definite disease of heart**

Other contributory causes of importance:

**ACUTE PAROTITIS - non mumps**

**MAY-28-1937**

**SYMPATHETOMY - MAY-21-37**

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) **Howard A. Rusk**, M. D.

(Address) **St. Louis, Mo.**

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.

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