

DEC 13 1937

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

39412
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 10399
(c) City St. Louis (d) Street No. No. The Loop St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Helvenstein

(a) Residence, No. 304 Front, Tupelo, Miss St. Miss
(Usual place of abode, if no street address, write county or city) (If nonresident, give city & town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1892
7. AGE YEARS 45 MONTHS 2 DAYS 9 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Section Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. M & O RR
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) unknown

FATHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Henry Helvenstein
St. Louis, Mo. Tupelo, Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE Tupelo, Miss DATE 11/9 - 1937

19. FUNERAL DIRECTOR (ADDRESS) Robert Campbell
Dayton, Mo. at St. Louis

20. FILED NOV 9 1937 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937, to Nov 5, 1937
I last saw him alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Curious of Liver
Lanes
Date of onset

Name of operation Biopsy of Liver Date of 10/19/37
What test confirmed diagnosis? Clinical 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?
If so, specify _____
(Signed) Ralph Thompson, M. D.
(Address) Missouri Pacific Hosp

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.

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Handwritten notes:
C
M
N
W
1

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst

L. E.

No. 2502 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Robert J. Ambruster*

Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)