

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.

JAN 10 1938

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

42921  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo. (d) Street No. Barnes Hospital Registered No. 11171 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 George T. Helme

(a) Residence, No. 12089 Madison St. 5 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Marie Stedger Helme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
54 8 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paint sales-man  
 9. Industry or business in which work was done, as saw mill, bank, etc. Rower-Beine Co.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Charles Newton Helme

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

15. MAIDEN NAME Mary Ellen Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

17. INFORMANT (ADDRESS) Marie Stedger Helme 12089 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Dec 6-1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED DEC 4 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1937, to 12-2, 1937

I last saw him alive on 12-2, 1937 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Cardiac decompensation Date of onset 1937  
Arteriosclerotic heart disease ?

Other contributory causes of importance: arterio sclerosis, general ?

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? .....  
 If so, specify P. O. Hageman M. D.  
 (Signed) P. O. Hageman  
 (Address) Barnes Hospital

STATEMENT BY LICENSED EMBALMER.

I, jos. E. McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self  
No. 7 of by Carl Huck L. E., Registered Apprentice No. XN  
working under my personal supervision.

Signed jos. E. McCulloch  
Licensed Embalmer No. 2460

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.)