

REC'D SEP 1 2 1938

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

26816

Do not use this space.

6830

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis Mo (d) Street No. St. Anthony's Hospital 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

(a) Residence, No. John Helm 1150
5352 Measha St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Caree M Helm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 4 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cleric
9. Industry or business in which work was done, as saw mill, bank, etc. U.S. Post office
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation 25

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

FATHER 13. NAME Harry Helm

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

MOTHER 15. MAIDEN NAME Margaret Brubaker

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

17. INFORMANT (ADDRESS) Caree M Helm
5352 Measha

18. BURIAL, CREMATION, OR REMOVAL Trinity Lutheran Cemetery DATE 8/2 1938

19. FUNERAL DIRECTOR (ADDRESS) Southern Fun. Home
6322 S. Grand

20. FILED J. P. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to July 30, 1938

I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Carcinoma of head of pancreas & complete obstruction of common bile Date of onset May 1938

Other contributory causes of importance: HB

Name of operation Auhtomous of stomach & C. Bile duct Date of 7/25/38

What test confirmed diagnosis? P.E. 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?.....

Yes, specify.....

(Signed) W. J. Notman, M. D.

(Address) 3804 W. Magnolia Ave.

AUG 1 1938

(Licensed Embalmer's Statement on Reverse Side)

WHILE TRAINING, WITH OBTAINING INTERESTS 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.

I X12604

STATEMENT BY LICENSED EMBALMER

I, Wilson Collins, Licensed Embalmer No. 3887

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

L. E. Wilson Collins

No. 3887 or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

Wilson Collins

Licensed Embalmer No. 3887

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.)