

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH

27226

Do not use this space.

1008

Registered No. 7240

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Dealogue 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

Frances Marie Helmer

(a) Residence, No. 4468 Arco Ave. St. 18
 (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 Female 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 Francis Wm. Helmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as law mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
5/10

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

FATHER 13. NAME Francis Curry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Marie Mills
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT F.W. Helmer (ADDRESS) 4468 Arco Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter Paul 8-17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary
4228 So. Kingshighway

20. FILED AUG 10 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Aug 14 1938
 I last saw her alive on Aug 14 1938. Death is said to have occurred on the date stated above, at 5:25 P.M.

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

Chronic Arteriosclerosis 1936
Generalized Atherosclerosis 1924

Other contributory causes of importance:

Congestive Heart Failure 4 days

Name of operation None Date of
 What test confirmed diagnosis? All blood as 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) J. F. Budick M. D.

(Address) 408 Kansas St. St. Louis

Dr. J. Anthony Brennan
Humboldt Bldg. 3:30 to 5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Eduin A. W. Herrmann*

Licensed Embalmer No. *3624*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.