

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REC'D FEB 10 1939

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

320
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 5906 Wabada Registered No. 320
(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 452 Clara L. Helling

(a) Residence, No. 5906 Wabada Ave. St. 6
(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 <u>Female White</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Helling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 5, 1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as 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) <u>Germany</u>		
FATHER	13. NAME <u>Julius Rose</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anna Hanson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Fred Helling</u> (ADDRESS) <u>5906 Wabada</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MISSOURI CREMATORY</u> DATE <u>JAN 11 1939</u>		
19. FUNERAL DIRECTOR <u>Croghan and Co Inc</u> (ADDRESS) <u>7146 Manchester Ave.</u>		
20. FILED <u>JAN 10 1939</u> <u>J. B. Brebeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jane 1937, to January 1939
I first saw her alive on January 8th 1939 Death is said to have occurred on the date stated above, at 3 a. m. 1/9/39
The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung
Date of onset

Other contributory causes of importance
MI

Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray 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? no
If so, specify _____
(Signed) Dr. S. G. Applebaum
(Address) 1511 Goodfellow

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, FRANCIS A. WILLIAMSON, Licensed Embalmer No. 3565 -

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

L. E.

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

working under my personal supervision.

Signed

Francis A. Williamson

Licensed Embalmer No. 3565

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.)