

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003
711
Do not use this space.

711

Registered No.

1. PLACE OF DEATH

 (a) County 2 Registration District No.
 (b) Township Primary Registration District No.
 (c) City ST. LOUIS MO. (d) Street No. 2704 BELT AV. 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. da.

2. PRINT FULL NAME

 416 JOHN G. HELFRICH
 (a) Residence, No. 2704 BELT AV. St. 6 (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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF (LATE) CATERINE		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 6TH 1862		
7. AGE	YEARS	MONTHS
	77	=
		DAYS
		15
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BARBER	
	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) DEC 1936	11. Total time (years) spent in this occupation 60 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO		
FATHER	13. NAME JOHN HELFRICH	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAVARIA	
MOTHER	15. MAIDEN NAME FRANCES NEU.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALSACE = LORAIN	
17. INFORMANT (ADDRESS) Mrs. N. Grachich 2704 Belt Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JAN 24TH 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND UND CO. 1827 HOGAN STR.		
20. FILED JAN 23 1939 J. P. Budnik Local Registrar		

 REGISTERED CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 12ST 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **10²⁵ A.M.**

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

Latent Pneumonia
 Date of onset

 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) *Joseph M. Grachich*, M.D.
 (Address) *Deputy Coroner*

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.....

John B. Brockland

Licensed Embalmer No. *93-*

P. O. Address *St Louis Mo.*

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.