

DEC 0 FEB 23 1939

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

2113
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 231
(b) Township Union Primary Registration District No. 5315 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Charles Rudolph Helmering
(a) Residence, No. _____ St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1860

7. AGE YEARS 78 MONTHS _____ DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bremen
(STATE OR COUNTRY) Germany

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

17. INFORMANT Paul Helmering
(ADDRESS) St. Louis 2110

18. BURIAL, CREMATION, OR REMOVAL PLACE Schwider DATE 2/7 - 1939

19. FUNERAL DIRECTOR (NAME) Harry M. Jones
(ADDRESS) St. Louis 2110

20. FILED 2-9-39 Local Registrar. W. R. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1939, to 2-4, 1939

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Death Sudden No physical in attendance probably cerebral hemorrhage

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. B. Jones M. D.(Address) St. Louis 2110

MAR 7 1947

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, *Harry M. Jones*

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Harry M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steuerville, W.*

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.