MAR 27 1939

REC'D APR 7 1939

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

12296
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township ~~Normandy~~ — Primary Registration District No. 100 — Registered No. 557

(c) or City Pine Lawn — (d) Street No. Dr. Tiernon 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 400 Clara Jane Helle

(a) Residence, No. 5011 Davison Ave. St. (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14th, 1925

7. AGE: YEARS 13 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
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) St. Louis, Mo. 0

FATHER
13. NAME Thomas H. Helle 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

MOTHER
15. MAIDEN NAME Clara Volkert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Ills.

17. INFORMANT (ADDRESS) Thomas H. Helle, 5011 Davison Ave.

18. BURIAL, CREMATION, OR REMOVAL — PLACE S. S. Peter & Paul — DATE Mar. 28th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Harral, 1905 Union Blvd.

20. FILED MAR 27 1939 T. R. Meyer M. D. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26th, 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 2.20PM

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

	Date of onset
Automobile-bicycle accident. Collided with a motor truck while riding a bicycle on a public highway.	3/25/39
Other contributory causes of importance: 210 lbs, fracture of the skull, crushed right shoulder, traumatism of right side of chest	3/25/39

Name of operation ..... Date of .....

What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/25/39

Where did injury occur? Pine Lawn, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Bicycle-auto truck collision

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John O'Connell M. D.

(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---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.

1 X16605

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 Warren A. Carver

Licensed Embalmer No. 3534

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.

9/1/41