REC'D MAY 18 1939

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

14799
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 297
(b) Township Primary Registration District No. 3016 Registered No. 38
(c) City Washington, Mo. (d) Street No. 536 E. Fifth St. 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 86 yrs. 10 mos. 20 ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 450 AUGUSTA SOPHIA HELM
(a) Residence, No. 536 E. Fifth St., Washington Mo. (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) May 12, 1852
7. AGE YEARS 86 MONTHS 10 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House ~~wife~~ keeper
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) Washington, Missouri 0

FATHER
13. NAME John Helm 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

MOTHER
15. MAIDEN NAME Wilhemina Schaefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mr. Chas. Helm Washington, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Apr. 4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc. Washington, Missouri
20. FILED Apr. 3 1939 H A May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to April 2, 1939
I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (right lobar)	Nov 27-1939
108	

Other contributory causes of importance: Myocarditis chronic Dont know

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical 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) R. R. Cutler, M. D.
(Address) Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Cutler

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.

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, me Lester H. Vitt, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.