

REG'D SEP 14 1939
Registration District No.

791
1003

Primary Registration District No.

Registrar's No.

7068

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hugo G. Helmerichs, 456

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-05-2797.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mary T. Helmerichs. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February 25th, 1875.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Anhueser Busch.

12. Name John Helmerichs,

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary T. Helmerichs

(b) Address 6214 Marmaduke Ave.

17. (a) Burial (b) Date thereof August 16, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Matthews Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2623 Cherokee Street.

19. (a) AUG 15 1939 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 6214 Marmaduke Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th,
year 1939. hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from 8/10 to 8/14 1939
that I last saw him alive on 8/13 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Appendicitis abscess
generalized peritonitis
Due to Ch. appendicitis
Duration 10 to 15
days.

Other conditions: Ch. myocarditis, chronic
(Include pregnancy within 3 months of death) liver

Major findings: Ruptured appendix
Of operations abscess

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature L. C. Mullikin (M. D. or other) _____
Address 2608 S. Rupp Highway Date signed 8/14/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REG. 2-11-39 I 119511

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.

3

Duration
10 to 15
days.

15 to 20
days

PHYSICIAN

Underline the cause to which death should be charged statistically

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

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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.