

Registration District No. **1008** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5408 S. BROADWAY
(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 MARIA LORENZ HELMS

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 25 - 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>7</u>	hr. _____ min.

9. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name UNKNOWN

18. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature JOHN W. HURT

(b) Address 5408 S. BROADWAY

17. (a) BURIAL (b) Date thereof OCT. 4-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW. ST. MARCUS, CEM.

18. (a) Signature of funeral director Jos. P. Jendrya Jr

(b) Address 7128 MICHIGAN AV.

19. (a) OCT 3 1939 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS UT
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 So BROADWAY
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1939 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 15
_____, 1935, to Oct 2, 1939
that I last saw h e alive on Oct 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs

Due to arteriosclerosis

Due to _____

Other conditions 9m
(Include pregnancy within 3 months of death)

Major findings: 9m
Of operations _____

Of autopsy 9m

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) 9m
(b) Date of occurrence _____
(c) Where did injury occur? 9m
(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 _____

28. Signature Max Stubbhoff Jr (M. D. or other) _____
Address 512 Oak St Date signed Oct 3/39

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Joseph P. Fendler Jr.
925
St. Louis

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.