

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH: **1008** **ESTD NOV 1 2 1933**
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7110 Mardel Ave.** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **65 Years.**

3. (a) PRINT FULL NAME **Frank P. Helfrich.** **416**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mary Helfrich.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 19, 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker.**

11. Industry or business _____
12. Name **Frank Helfrich.**
13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)
14. Maiden name **Eva Neu.**
15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Hayde Helfrich**
(b) Address **7110 Mardel Ave**
17. (a) **Burial** (b) Date thereof **Oct. 28, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd**
19. (a) **OCT 27 1939** (b) **J. J. [Signature]**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis.** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **7110 Mardel Ave.**
(If rural, give location)

Frank P. Helfrich
years _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **26th.**
year **1939** hour **11** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion;** **Arteriosclerosis.** *Duration*

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **OH**
Of operations _____
Of autopsy _____
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) _____
(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 **Wesley Perry** (M. D. or other) _____
Address **Wesley Perry** Date signed **10.27.39**

2121
11/11/11
11/11/11

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.