

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 11000
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME Helena M. Wahl
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August H. Wahl 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November 30 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Leopold Deters
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dolores Wahl
(b) Address 1327 Waldron

17. (a) Burial (b) Date thereof 1-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JAN 18 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 Waldron Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/17 day _____
year 1940 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7/8/39 to 1/17, 1940
that I last saw her alive on 1/17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hours
Due to Hypertension 6 hrs

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 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 N. S. Thistachem (M. D. or other) _____
Address 1259 N. Ringphew Date signed 1/18/40

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.

M. J. ...

1259 N. Campbell

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 *J. Wm Dinkley*
Licensed Embalmer No *3653*
P. O. Address *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.