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No. 2
11-10-39
5-17-39
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FILED SEP 25 1940 91

Primary Registration District No. 1003

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Pearl Helferstay 416

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female race White divorced Child

5. Color or _____

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 2 1935
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>5</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Helferstay

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

14. Maiden name Mary Doty

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

16. (a) Informant Mary Helferstay

(b) Address 928 Chambers St

17. (a) Burial _____ (b) Date thereof August 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) AUG 28 1940 (b) _____
(Date recorded) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 928 Chambers St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26, year 1940 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from August 25, 1940 to August 26, 1940 that I last saw her alive on August 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial exhaustion respiratory embarrassment diphtheria

Due to _____ 5mons

Due to _____ 4days

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: traisectomy - no membrane in trachea

Of operations _____

Of autopsy membrane in trachea subglottic inflammation 5 membra

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? _____

23. Signature Edward H. Lyman (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 8/26/40

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 _____

Delis J. Kripin

Licensed Embalmer No. 3497

P. O. Address 1936 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.