

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1927

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Vinita Park
(c) Name of hospital or institution 2306 North + South Rd.
(d) Length of stay: In hospital or institution 17 years
In this community 17 years

3. (a) PRINT FULL NAME CHARLES F. HELWIG
(b) If veteran, name war none
(c) Social Security No. 2

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Mary F. Helwig 6. (c) Age of husband or wife if alive 30
7. Birth date of deceased July 30 1875

8. AGE: Years 65 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business John Helwig
12. Name Switzerland
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Emmerson
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mary F. Helwig

(b) Address 2306 N + S Rd Vinita Park Mo

17. (a) Cremation (b) Date thereof 10-18-40
(c) Place: burial or cremation Valhalla Crem.

18. (a) Signature of funeral director Sam G. Overland
(b) Address 2504 Woodson Overland Mo

19. (a) OCT 12 1940 (b) A. M. Overland
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Vinita Park
(d) Street No. 2306 North + South Rd.
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 11 year 2 hour 4.0 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to Oct 11, 1940; that I last saw him alive on Oct 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 yr.

Due to 1 yr.

Due to 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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

23. Signature C. E. Sterling (M. D. or other) 1

Address 2507 N. + S. Rd. Vinita Park Mo Date signed 10-18-40

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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Cleveland Mo.*

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, fact should be so stated above.