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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 15 1940
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

40358
State File No.
Registrar's No. 10129

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: 2820 Pennsylvania Ave
(d) Length of stay: In hospital or institution Life
In this community Life years, months or days

3. (a) PRINT FULL NAME MILDRED HELBER

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 1897 years

7. Birth date of deceased FEB 15 1897 (Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 21 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business 0

MOTHER FATHER { 12. Name PHILIP HELBER

13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name LILY MAUSHUND

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

16. (a) Informant Lily Sheppard

(b) Address 2820 Pennsylvania Ave

17. (a) BURIAL (b) Date thereof DEC 11-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Kutis & Son

(b) Address 2906 Gravois Ave

19. (a) 10 1940 (b) J. H. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State ST. LOUIS (b) County
(c) City or town ST. LOUIS
(d) Street No. 2820 Pennsylvania
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 8 year 1940 hour 12 30 minute P.M.

21. I hereby certify that I attended the deceased from October 1938 to December 7 1940 that I last saw her alive on December 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death 6 hour Myocarditis

Due to Chronic nephritis

Due to Epilepsy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
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 J. H. McCannons M.D. or other D.P.

Address 3115 Stenard Date signed 12/9/40

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

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.....

Leo Biddle
.....
Licensed Embalmer No. *3989*

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, fact should be so stated above.