DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6903

MAR 17 1941

Registration District No. 4184 — Primary Registration District No. 305 — Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town OWENSVILLE (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ (Specify whether

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 000

(c) City or town ST. LOUIS 17 (If outside city or town limits write "RURAL")

(d) Street No. 6419 NASHVILLE AVE. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME STEPHEN FREDERICK HELM

3. (b) If veteran, name war ✓

3. (c) Social Security No. 714-10-8524

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FLORA (STRACK) HELM

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JANUARY (Month) 23 (Day) 1891 (Year)

8. AGE: Years 50 | Months 0 | Days 23 | If less than one day ✓ hr. ✓ min.

9. Birthplace IBERIA (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation CAR LOADER at RAILWAY EXPRESS AGENCY

11. Industry or business ____

FATHER
12. Name W. T. HELM
13. Birthplace ✓ (City, town, or county) 1 KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY JANE GATTON
15. Birthplace ✓ (City, town, or county) 1 KENTUCKY (State or foreign country)

16. (a) Informant Mrs. S. F. Helm

(b) Address 6419 Nashville Ave., St. Louis, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation HOWARD CEMETERY

18. (a) Signature of funeral director W. F. Gottenstroeter

(b) Address Owensville, Mo.

19. (a) 2-17-41 (Date received local registrar) (b) Robert M Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16 year 1941 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2-16-1941, to 2-16-1941; that I last saw him alive on 2-16-1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Indigestion	✓
Due to	
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? ____ (Specify type of place)

(e) While at work? ____ (e) Means of injury ____

23. Signature Edw Mellies (M. D. ~~or other~~) 0

Address Owensville Mo Date signed 2-16-41

(Licensed Embalmer's Statement on Reverse Side)

118e

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6903
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 308
(b) Township — Primary Registration District No. 4184 — Registered No.
(c) City Owensville (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen Frederick Helm
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1941

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Indigestion	
I could not	

Other contributory causes of importance:
Probably from late lunch & late bunchin & lying to much other he took such late lunch

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edw Mellier, M. D.
(Address) Owensville Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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