

No. 2
-10-39
17-35
X21492

MAR 11 1941

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 404

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
at home 702 North Holmes Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 702 North Holmes Ave 3
(If rural, give location) 0

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

3. (a) PRINT FULL NAME MARY A HELM

(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mineral Helm 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Sept 6 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 14 If less than one day
hr. _____ min.

9. Birthplace Hannock County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Roberts

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name James Allen

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie P. Young

(b) Address 702 North Holmes Ave

17. (a) Burial (b) Date thereof 2-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loggootze Hill

18. (a) Signature of funeral director Walter Boyles

(b) Address 6536 Center Rd

19. (a) FEB 21 1941 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day February
year 1941 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from June 27
_____ 1939, to 2/20 _____ 1941;
that I last saw h. ex alive on 2/19 _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation 1 day
Duration

Due to Cerebral hemorrhage 1 wk

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 5 2/3

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) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? _____

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

23. Signature R. Meyer (M. D. attending)
Address Kirkwood, Mo Date signed 2/21/41

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

Wm Rogers

Licensed Embalmer No. 3905

P. O. Address Richmond Heights

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.