

FILED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21488**
Registrar's No. **183**

Registration District No. **213**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County **COLE**
(b) City or town **JEFFERSON CITY, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
713 WALSH ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **SINCE OCT. 1939**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **COLE**
(c) City or town **JEFFERSON CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **713 WALSH ST.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. EDW. MAMIE NICHTER HELMREICH**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **Edward Helmreich** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept - 27 - 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Nichter**

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

14. Maiden name **Margaret Wendorf**

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

16. (a) Informant **J. W. Helmreich**

(b) Address **Jefferson City Mo.**

17. (a) **Sept 27 1865** (b) Date thereof **June 15 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BURLINGAME, Mo.**

18. (a) Signature of funeral director **Goodman & Blair**

(b) Address **Bonnie St. Mo.**

19. (a) **6/14/41** (b) **D. P. Bejorel M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13th**
year **1941** hour **6:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **May first** 19**41**, to **June 13** 19**41**
that I last saw her alive on **June 13** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**
Due to **Hypertensive heart disease**
Due to **Arteriosclerosis**
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? _____

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

23. Signature **J. A. Ossman M.D.** (M. D. or other)
Address **Jefferson City** Date signed **6-13-41**

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville 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.

12/11/11