

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28257

FILLED SEP 11 1941

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 5414-3016

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution:  
St. Francis Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days.  
In this community 64 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b), County Franklin 036

(c) City or town Washington,  
(If outside city or town limits, write "RURAL")

(d) Street No. R. #1 E.  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Edward Helmann.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband~~ wife Bernadine Helmann.

6. (c) Age of ~~husband~~ wife if alive 72 years

7. Birth date of deceased Aug. 1st, 1869.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>15</u>	hr. _____ min.

9. Birthplace Kirkwood, St. Louis County, Missouri!  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business X

MOTHER FATHER

12. Name Frank Heimann, Sr.

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

14. Maiden name Unknown.

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

16. (a) Informant Joe C. Heimann  
(b) Address St. Louis, Mo.

17. (a) Burial. (b) Date thereof Aug. 18, 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Wickburg, etc. due by 11/11/41  
(b) Address Washington, Missouri

19. (a) Aug. 17-1941 (b) H. H. Gray  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th.  
year 1941. hour 9:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 28  
1941 to Aug 16, 1941  
that I last saw him alive on Aug 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
\_\_\_\_\_ (z) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Washington, Mo. Date signed 8/17/41

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

7206

et

**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

Lester A. Titt

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lester A. Titt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.**