V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 369 701

Primary Registration District No. 1003

Registrar's No.

000 14 9

45

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

1. PLACE OF DEATH:

(a) County

(b) City or ~~town~~ ST Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY Hospital, O
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3613 So. Broadway Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM. HELMER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE D

5. Color or race WHITE

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

6. (b) Name of husband or wife MARIE HELMER

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

7. Birth date of deceased DEC 20 (Month) 1886 (Day) (Year)

8. AGE: Years 55 Months — Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) O

10. Usual occupation nil

11. Industry or business

FATHER 12. Name FRANK HELMER.

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

MOTHER 14. Maiden name UNK.

15. Birthplace (City, town, or county) UNK. (State or foreign country) 9

16. (a) Informant Mrs. H. Helmer Jr.

(b) Address 1955 Cherokee St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) JAN 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1942 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due Arteriosclerosis

Due to

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 Dr. Alfred J. Perry (M. D. or other)

Address Dr. Coroner Date signed 1-23-42

(Licensed Embalmer's Statement on Reverse Side)

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~~ Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.