

Registration District No. **794**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen Dorothy Alderson

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Div.

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

7. Birth date of deceased Unknown 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 45 Unknown hr. min.

9. Birthplace Lincoln Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Earl F. Carpenter

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mae Keller

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

16. (a) Informant Earl F. Carpenber

(b) Address 1459 S.18 Str.

17. (a) Burial (b) Date thereof May. 21. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Dr. M. M. Carl

(b) Address 1926 Allen Ave.

19. (a) MAY 20 1942 (b) J. F. Bredbeck  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1459 S.18 Str.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,  
year 1942 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from May  
14, 1942 to May 18, 1942  
that I last saw h. er. alive on May 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Perforated peptic ulcer  
Peritonitis duodenal  
Chronic myocarditis  
Due to Nephrosclerosis

Other conditions:  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy as above

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?..... (Specify type of place)  
(e) Means of injury.....  
Signature M. M. Carl (M. D. or other) 5/19/42  
Address 1515 Lafayette Avenue, Date signed.....

**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. 1

working under my personal supervision.

Signed

W. L. Moyall

Licensed Embalmer No. 1467

P. O. Address. 1926 Allen 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.**