

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 16 1942
Registration District No. 18

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

25912

State File No. 7329
Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Lukes Hospital**
(d) Length of stay: In hospital or institution. **2wks.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Marion**
(c) City or town **Iuka**
(d) Street No.
(e) Citizen of foreign country? **L** (Yes or No)

3. (a) PRINT FULL NAME **George Leray Helm**
(b) If veteran, name war **no**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **31** year **1942** hour **1** minute **55** P.M.
21. I hereby certify that I attended the deceased from **Aug-15** 19 **42** to **8-31** 19 **42**
that I last saw him alive on **8/31/42** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife
(c) Age of husband or wife if alive **9** years
7. Birth date of deceased **Jan. 6 1935**

Immediate cause of death **Brain Tumor malignant 2-3y**
Duration **2-3y**

8. AGE: Years **7** Months **7** Days **30** If less than one day hr. min.

Due to
Due to
Other conditions
Major findings: **same**
Of operations
Of autopsy **same**

9. Birthplace **Marion County, Illinois**
10. Usual occupation **Child**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Harry Helm**
13. Birthplace **Marion County, Illinois**
14. Maiden name **Hazel Beck**
15. Birthplace **Marion County, Illinois**

16. (a) Informant **Harry Helm**
(b) Address **Iuka, Illinois**
17. (a) **Removal** (b) Date thereof **9/2/42**
(c) Place: burial or cremation **Kell, Illinois**

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?

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Ave.**
19. (a) **SEP 7** (b) **J. F. Bredeck**

23. Signature **R. D. Woolley** (M. D. or other)
Address **4952 Maryland** Date signed **8/31**

844 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harford G Burnley*
Licensed Embalmer No..... *4208*
P. O. Address..... *St. Louis 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.