No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25913

Registrar's No. 7155

1. PLACE OF DEATH:

(a) County? 000

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

(c) Name of hospital or institution: St. Paul Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis 6 5 (If outside city or town limits, write "RURAL")

(d) Street No. 711 Goodfellow or (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Betty Helms

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ralph

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased March (Month) 20 (Day) 1918 (Year)

8. AGE: Years 24 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Marion, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Cecil Ferguson

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

MOTHER 14. Maiden name Jane Chammese

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

16. (a) Informant Ralph Helms

(b) Address 711 Goodfellow

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) AUG 26 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1942 hour 8:45 PM minute M.

21. I hereby certify that I attended the deceased from Jan 9, 1942. 19 to Aug. 25, 1942 19 ; that I last saw her alive on Aug 25th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Parturition — Duration 15 min.

Due to

Due to

Other conditions Pulmonary embolus (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (e) Means of injury 0

23. Signature Walter H. Spoeneman (M. D. or other) Walter H. Spoeneman M.D.

Address 1506 St. Louis Date signed Aug 26 1942.

84-4 (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 Wilford G Burnley

Licensed Embalmer No. 4302

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.