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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3430 /

State File No. 2

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 260

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 9223 Coral Drive /
(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 000 12
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8223 Michigan ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Maggie Helfrich
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Jacob Helfrich
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 15 (Day) 1863 (Year)
8. AGE: Years 79 Months 7 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace Nashville (City, town, or county) Tennessee / (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER 12. Name Unknown Molten
13. Birthplace ..... (City, town, or county) Tonn. / (State or foreign country)
MOTHER 14. Maiden name Betsy Mc Daniel
15. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)
16. (a) Informant Mrs. Ruth Kelley
(b) Address 9223 Coral Drve
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&.L.
(b) Address 7814 S. Broadway
19. (a) FEB 3 1943 (Date received local registrar) (b) C. H. McKernan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1943 hour 4 minute 15 p.m.
21. I hereby certify that I attended the deceased from 12-4-42, 1942 to 1-31-, 1943
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilation — Duration 1 hr
Due to Chronic Nephritis — several years
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations None
Of autopsy none

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 Bryan L. Crewlis M.D. (M.D. or other)
Address 748 Lemay Ferry Rd. St. Louis Mo Date signed 2-1-43

(Licensed Embalmer's Statement on Reverse Side)

307

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.