

FILED JUN 3 1943
Registration District No. 377

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis,
(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. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,
(c) City or town Lemay,
(If outside city or town limits, write "RURAL")
(d) Street No. R 8, Box 600 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Helfenstein

3. (b) If veteran, name war 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 George P. Helfenstein, 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 6 1886, (Month) (Day) (Year)

8. AGE: Years 57, Months -0-, Days 19, If less than one day hr. min.

9. Birthplace St. Louis, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Lucas Kohnen, 13. Birthplace Germany, 14. Maiden name Don't know, 15. Birthplace Don't know, (City, town, or county) (State or foreign country)

16. (a) Informant George P. Helfenstein, (b) Address R 8, Box 600, Lemay, Mo.

17. (a) Burial, (b) Date thereof 5/28/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Helen-Benz Mostany, (b) Address 2842 Meramec St.

19. (a) MAY 27 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 10 1943 to May 25 1943 that I last saw her alive on May 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Heart Disease

Due to: 92
Other conditions: Residual Myocardia (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Of operations: Of autopsy: 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? While at work (Specify type of place) (e) Means of injury Signature: Frank Bush M.D. Date signed: 5/25/43

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

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.
working under my personal supervision.

Signed.....

Joe S. Berg
.....
Licensed Embalmer No. 4249
2848 Meramec St.,
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.