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26727

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. **7486**

**AUG 30 1943**  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3818a Arsenal St /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ Life \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME George Helfensteller

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Rosalie Weiss

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb 20 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>29</u>	<u>29</u> hr. _____ min.

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

10. Usual occupation Artist

11. Industry or business Self

MOTHER FATHER

12. Name Ernst Helfensteller

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

14. Maiden name Veronica Goerlich

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

16. (a) Informant Rosalie Helfensteller

(b) Address 3818a Arsenal St

17. (a) Cremation (b) Date thereof 8 21 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kingshighway

19. (a) AUG 20 1943 (b) \_\_\_\_\_  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
17

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

(d) Street No. 3818a Arsenal St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19  
year 1943 hour 4.40 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 12 1943 to August 18 1943  
that I last saw him alive on August 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature C. M. Charles (M. D. or other) MD

Address 632 Melrose Date signed 8-20-43

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

Dr Charles  
Metro Bldg

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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 *Richard W. Storrsand*  
Licensed Embalmer No. *4007*  
P. O. Address.....

**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.**