

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

FILED SEP 21 1943 318

Registration District No. _____

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **8130**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4232 Neosho Street.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Curt. Helbig,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-4117.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mary Helbig 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 31st, 1889.
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business _____

12. Name Franz J. Helbig

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

14. Maiden name Unknown
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Helbig
 (b) Address 4232 Neosho Street.

17. (a) Burial (b) Date thereof Sept. 13, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Ziegenhain Bros
 (b) Address 6409 Gravois Ave.

19. (a) SEP 13 1943 (b) J. J. B. Redeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th,
 year 1943. hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8/24/43
 _____, 19____, to 9/10, 1943
 that I last saw him alive on Sept 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Mycobacteriosis

Due to Staphylococcus Septicemia Duration 3 days

Due to Subacute of Neck Duration 1 month
Chloro-celulitis of arm leg

Other conditions Total Diabetic
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy _____

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 _____

23. Signature J. J. B. Redeck (M. D. or other) _____
 Address 3805 S Broadway Date signed 9/11/43

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.....

W. E. Morris

Licensed Embalmer No.....

9360

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.