

FILED FEB 10 1944

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Sullivan mo.  
(c) Name of hospital or institution North Side Hospital.  
(d) Length of stay: In hospital or institution 1 day  
In this community years, months or days

3. (a) PRINT FULL NAME Rebecca Sue Helm

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 7th 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Edward John Helm

13. Birthplace St. Louis, mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Pearl Mather

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

16. (a) Informant John W Mitchell

(b) Address Union mo.

17. (a) Burial (b) Date thereof 1/21/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gion Cemetery Union mo.

18. (a) Signature of funeral director E. H. O. ...

(b) Address Union mo.

19. (a) 1-19-44 (b) Silbert Gilhaus  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Union  
(d) Street No. 301 West Park ave.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1944 hour 03 minute 2 M.

21. I hereby certify that I attended the deceased from 1-16 1944 to 1-16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 Days

Due to Congestive Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ 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 W. H. ... (M. D. or other) \_\_\_\_\_

Address Dr. ... Date signed 1-19-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

66  
4  
0

FEB 2 8 1944

*Body Not embalmed*

**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.....

Licensed Embalmer No.....

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.**