

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5234

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1373

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:  
Crescent to City Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
in this community.....  
years, months or days)

3. (a) PRINT FULL NAME Frank J. Helde.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Josephine Helde. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. 24th 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 17 If less than one day  
hr. min.

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

10. Usual occupation General Utility Man.

11. Industry or business

12. Name Joseph Helde.

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 Mrs. Josephine Helde.

(b) Address 2650 Dalton Ave.

17. (a) Cremation (b) Date thereof 2/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) FEB 11 1944 (b) J.F. Bealick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis 9 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2650 Dalton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11  
year 1944 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....

that I last saw h..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death atherosclerosis Duration

of aorta with occlusion of lumen of right coronary artery

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)  
(e) Means of injury 3

23. Signature Alfred G. Berry (M. D. or other)

Address Delmar Date signed 2/11/44

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

MOTHER FATHER

Henry Coronan

**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**