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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7790

FILED SEP 18 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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:
ARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis 499 NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 521 Bond
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Joseph Helbrueck
 3. (b) If veteran, name war none
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Helbrueck
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased August 5, 1881
 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation Pump Operator

11. Industry or business Levy board

12. Name Germany
 (City, town, or county) (State or foreign country)

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

14. Maiden name Jennie Syler

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

16. (a) Informant Max H. Vahle
 (b) Address East St. Louis, Ill.

17. (a) Removal
 (Burial, cremation, or removal) (b) Date thereof Sept. 6, 44
 (Month) (Day) (Year)

(c) Place: burial or cremation C. J. Ferry, Good Cemetery

18. (a) Signature of funeral director J. F. Bredbeck
 (b) Address East St. Louis, Ill.

19. (a) SEP 9 1944 (b) J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
 year 1944 hour 7 minute 35 P.M.
 21. I hereby certify that I attended the deceased from Aug 11 1944 to Sept 6 1944
 that I last saw him alive on Sept 6 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
 Duration _____

Due to _____
 Due to _____

Other conditions 12/4
 (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 _____

23. Signature John H. Esenbauer (M. D. or other) MD
 Address ARNES HOSPITAL Date signed _____

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.....

[Handwritten Signature]

Licensed Embalmer No.....

3162

P. O. Address.....

E. St Louis Ill

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.