V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32385

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8718

1. PLACE OF DEATH:
(a) County: City of St Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2615a McNair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: One hour.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: City of St Louis
(c) City or town: St Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2615 a McNair
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Richard Dale Helmer
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
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: Oct (Month) 13 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day: One hr. min.

9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: William Thomas Helmer
13. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Marie Lois Stephens
15. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Marie Helmer
(b) Address: 2615a McNair
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Oct 14 / 44 (Month) (Day) (Year)
(c) Place: burial or cremation: BETHANIA CEM.
18. (a) Signature of funeral director: E. J. Schmur
(b) Address: 3125 Lafayette Ave.
19. (a) OCT 13 1944 (Date received local registrar) (b) J. F. Broeder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1944 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from on Oct 13 1944 to 19 that I last saw h. alive on Oct 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
lived one hour -	
6 months Gestation	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Leroy E. Ellison M.D. (M. D. or other)
Address: 3610 So Broadway Date signed: 10-13-44

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(Licensed Embalmer's Statement on Reverse Side)

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.