S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37111

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 109

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days. (Specify whether
In this community 19 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 31
(c) City or town Villa Ridge (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Caroline Johanna Helfrich.
3. (b) If veteran, name war x
3. (c) Social Security No. 489-12-4251

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband ~~XXXX~~ Nicholas Wm. Helfrich.
6. (c) Age of husband ~~XXX~~ if alive 55 years
7. Birth date of deceased June (Month) 27th. (Day) 1893. (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	12	hr. min.

9. Birthplace St. Louis. (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation Lunch Room.
11. Industry or business x
12. FATHER Name Albert Schlereth.
13. FATHER Birthplace St. Louis. (City, town, or county) Missouri. 0 (State or foreign country)
14. MOTHER Maiden name Anna Rohmann.
15. MOTHER Birthplace St. Louis. (City, town, or country) Missouri. 0 (State or foreign country)
16. (a) Informant Nicholas Wm. Helfrich
(b) Address Villa Ridge, Mo. R. #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1945. (Month) (Day) (Year)
(Gildehaus)
(c) Place: burial or cremation Villa Ridge, Mo. R.F.D.
18. (a) Signature of funeral director Nieburg & Vitt, Inc
(b) Address Washington, Mo.
19. (a) 11/10/45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th.
year 1945 hour 1:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from 10-1, 1945, to 11-9, 1945
that I last saw he alive on 11-8, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolis	6 min
Due to Cholecystectomy + appendectomy	16 days
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
23. Signature B. H. Stuhlmann (M. D. or other) M.D.
Address Date signed

1449 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-3-45

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. P. Gibney

Licensed Embalmer No. 2387

P. O. Address Washington 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.