S. No. 2
DM—2-43
v. 5-17-39
X35697

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

#774

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7528

Registration District No. 1013 — Primary Registration District No. 1003 — Registrar's No. 2046

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: 23

(c) City or town: St. Louis. (If outside city or town limits, write "RURAL") 17

(d) Street No.: 2153 Geyer. (If rural, give location) 9

Memorial 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: LENA M. HELFRICH

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: Married.

6. (b) Name of husband or wife: Oscar Helfrich

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept (Month) 1 (Day) 1879 (Year)

8. AGE: Years 66 | Months 5 | Days 26 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Fred Offenbecker.
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Oscar Helfrich

(b) Address: 2153 Geyer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 2 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: New Pickers Cem.

18. (a) Signature of funeral director: Edith E. Ambruster

(b) Address: 4234 Manchester Ave.

19. (a) MAR 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th year 1946 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from 2/15/46, 19..., to 2/27/46, 19...; that I last saw h er alive on 2/27/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute lobar pneumonia

Due to: pyelonephritis

Due to: 1 2 3 4

Other conditions: L. nephrolithiasis (Include pregnancy within 3 months of death) cholelithiasis

Major findings:
Of operations:

Of autopsy:

Duration

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: A. Lee Hewitt (M.D. or other) Address: 1515 Lafayette Date signed: 2/27/46 MD

(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. 3881

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.