

FILED APR 3 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

2871

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of county)
(c) Name of hospital or institution: **3400 So. Grand Blvd.
Little Sisters of The Poor**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 yrs**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Sophie 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 **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **Nov. 27, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 29 hr. min.

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

10. Usual occupation **Seamstress**

11. Industry or business _____

12. Name **Carl Helfrich**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Ste Ludvine**

(b) Address **3400 So. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **3/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Gebken-Benz Mort.**
(b) Address **2842 Meramec St**

19. (a) **MAR 27 1946** (b) **J. F. Brueck**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1617**
(If outside city or town limits, write "RURAL")
(d) Street No. **3400 So. Grand Blvd.** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **26th**
year **1946** hour **10** min. **0** sec. **0** P. M.

21. I hereby certify that I attended the deceased from **Feb 26 1946**
3 to **March 26 1946**
that I last saw him alive on **March 26 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. gl. infarctus 1946**
Due to **Ch. myocarditis 1946**
Due to **Ch. myocarditis 1946**
Other conditions **old myocarditis**
(Include pregnancy within 3 months of death)

Duration
1 yr
6 mo

Major findings:
Of operations _____
Of autopsy **121**

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)
Means of injury _____

23. Signature **J. F. Brueck** M. D. or other _____
Address **607 N. Grand** Date signed **3/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10331

STATEMENT BY LICENSED EMBALMER

me

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 Loren C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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.