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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34627  
Registrar's No. 3114

FILED OCT 28 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Co. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
years, months or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Shrewsbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7716 Devonshire  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jake Helfer

3. (b) If veteran, name was NONE 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ABOUT 71 hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business Wayner Electric

MOTHER FATHER  
12. Name Geo. Helfer  
13. Birthplace (City, town, or county) Germany (State or foreign country)  
14. Maiden name Bertha Helfer  
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Alvin D. Helfer

(b) Address 7716 Devonshire

17. (a) BURIAL (b) Date thereof 10 13 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANSVILLE, ILL. (MOTOR)

18. (a) Signature of funeral director FRIEGSHAUSER UND. CO.

(b) Address 4448 SO KING SHIGAWAY BL

19. (a) 10-24-46 (b) Auth. Helfer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1946 hour 1 minute 52 p. M.  
21. I hereby certify that I attended the deceased from October 19  
1946, to October 20, 1946  
that I last saw him alive on October 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Subdural hemorrhage

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Oct. 19, 1946

(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Hg. (Specify type of place)

While at work NO (a) Means of injury pt. struck by street car

23. Signature John Helfer (M. D. or other) MO  
Address 60 BRENTWOOD BL Date signed 10-22-46

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

33440

OCT 29 1948

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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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**