

FILED NOV 26 1946

Registration District No. 76

Primary Registration District No. 3020

Registrar's No. 121

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:
309 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Lafayette St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Emma K. Helling.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Henry W. Helling. 6. (c) Age of husband 76 if alive 76 years
7. Birth date of deceased February 6th, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Kiel, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

MOTHER FATHER
12. Name Fred Weeka.
13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Freie.
15. Birthplace Kiel, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry H. Helling
(b) Address 309 Lafayette St. Washington, Mo.

17. (a) Burial (b) Date thereof Nov. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Pilburg & Pitt, Inc.

(b) Address Washington Mo.

19. (a) 11/18/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th,
year 1946 hour 10:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 4
1944 to November 16, 1946.
that I last saw h. alive on November 16, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death dr. myocarditis Duration 6 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 93D
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 21

23. Signature [Signature] (M., D. or other) DD.
Address Washington Mo. Date signed 11/18/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-25-46

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

Licensed Embalmer No.

P. O. Address

2387

Washington, D.C.

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.