. S. No. 2
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v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6410

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 1930

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: 5209 Virginia Ave., / (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 000 / 15 / 17

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

(d) Street No. 5209 Virginia Ave., 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank H. Helms

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Helms

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

7. Birth date of deceased January 22, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 1 If less than one day hr. min. /

9. Birthplace W. Virginia (City, town, or county) / (State or foreign country)

10. Usual occupation Tool Maker

11. Industry or business

FATHER 12. Name Charles Helms 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret Robertson

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Helms

(b) Address 5209 Virginia Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) FEB 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February day 23rd year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 7, 1946 to February 22, 1947 that I last saw him alive on February 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Bronchio-pneumonia	7 hrs
Due to cerebral hemorrhage	8 mo
Due to arterio-sclerosis	10 years
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Richard Knott (M. D. or other) MD

Address 6006 Virginia Date signed 2/24/47

(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 J Wm Bentle

Licensed Embalmer No. 3653

P. O. Address 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.