No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1947

Registration District No. 34

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3067

State File No. 11805

Registrar's No. 807

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 30 Fair Oaks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. # 30 Fair Oaks 1
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Edward Helmer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M. D

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Mary Helmer

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

7. Birth date of deceased June 8th., 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	1	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Stat. Engineer

11. Industry or business .....

FATHER
12. Name John Helmer
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Armana Wolff
15. Birthplace ..... (City, town, or county) France (State or foreign country) 2

16. (a) Informant Miss May Helmer
(b) Address # 30 Fair Oaks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 4-10-47 (Date received local registrar) (b) [signature] (Registrar's signature) MRA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th., year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from July, 1944 to 4-9, 1947, that I last saw him alive on 4-8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Senility & Cardio Renal Disease

Due to 1860

Due to 18

Other conditions Fracture of hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence 4-2-47
(c) Where did injury occur? Home (City or town) (County) (State) 96
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury fall

23. Signature [signature] (M.D. or other) MD
Address 6125 Bartmer Date signed 4-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 18 1947

Funeral Home Reilly
6125 Bartmer Ave.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.