No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25621

FILED JUL 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6583

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3966 Humphrey St.
(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 oad
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3966 Humphrey St. 9
(If rural, give location) 0
16
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA P. HELMERICHS
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Robert A. Helmerichs
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 13 (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name William Fink 0
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Pauline Koeln
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Robert Helmerichs
(b) Address 4052 Sunnyside Rd. Minneapolis, Minn
17. (a) Burial (Burial, cremation; or removal) (b) Date thereof 7-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd
19. (a) JUL 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 12:10 minute P. M.
21. I hereby certify that I attended the deceased from Dec 15 33 to July 10 1947
that I last saw her alive on July 10 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	1 mo
Due to Arteria Sclerosis	10 yr
Due to Chronic myocarditis Chronic interstitial nephritis	20 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 a

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)
(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? Means of injury 0
23. Signature Martin J. Glaser (M. D. or other)
Address 506 Olive St. Date signed 7-17-47

Jefferson City Printing Co.

(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 Edwin D. M. Dennett

Licensed Embalmer No. 3024

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.