No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29116

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2992

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7210 Minnesota
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7210 Minnesota 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Peter Helfrich
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex male
5. Color or race white
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 October 29, 1887 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Painter
11. Industry or business unemployed
FATHER
12. Name Louis Helfrich
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Fendler
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mary Helfrich
(b) Address 7210 Minnesota
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) AUG 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1947 hour 6 minute 48 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ...; and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to hanging when found hanging from hot water pipe in basement after
Due to: Home with a rope around his neck on Aug 21 1947
Due to: Hour 6:40 P.M.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
164

Duration

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) Suicide
(b) Date of occurrence Aug 21 1947
(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 as above
23. Signature Fred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 8/23/47

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.