7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39783

FILED DEC 15 1947 18

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 11210

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: 2819 St. Louis Ave
(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. 2819 St. Louis Ave. 9
20 (If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles Huelsick
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 Widowed
6. (b) Name of husband or wife Edith Helsick
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 16 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	8	20	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Letter Carrier
11. Industry or business ____
FATHER
12. Name Unknown
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant Isabell Houlahan
(b) Address 6400 W. Florissant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Mark Tiernan
(b) Address 6100 W. Florissant Ave.
19. (a) DEC 8 - 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day Dec
year 1947 hour 2 AM minutes ____ M.
21. I hereby certify that I attended the deceased from 5/4/1947, 19__, to Dec 6, 1947
that I last saw ~~him~~ alive on Dec 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Old age	1
Due to	
Other conditions (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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none
23. Signature G. J. Dixon (M. D. or other)
Address 1048 S. Vandeventer Date signed 12-8-47

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.....Mark Leimon.....

Licensed Embalmer No.....4174.....

P. O. Address.....6100 W. Florissant

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.