

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Kate Helms**

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 **Widowed**

6. (b) Name of husband or wife **Frank Helms** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 12, 1879**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **12**
If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Store Owner**
Candy-Confection

11. Industry or business _____

12. Name **Anthony Lynch**

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

14. Maiden name **Bridget McArvey**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes B. Buck**

(b) Address **4405 Sulphur**

17. (a) **Burial** (b) Date thereof **7-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parklawn Cemetery**

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

(b) Address **6322 Grand Blvd.,**

19. (a) _____ (b) **J. F. Bredek**
(Date received local registration) (Registrar's signature)

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. **5209 Virginia Ave.,** **9**
(If rural, give location) **15** **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24th**
year **1948** hour **5** minute **15 a. M.**

21. I hereby certify that I attended the deceased from **7-20-1948** to **7-24-1948**
that I last saw her alive on **7-22-1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Hypertension** 4 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) **giz**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **D. S. Nielt** (M. D. or other) _____
Address **6006 Virginia** Date signed **7-28-48**

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

MOTHER FATHER

[Handwritten mark]

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. W. Binkley*
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.