

FILED AUG 28 1948

Registration District No. 18

Primary Registration District No.

1003

State File No.

Registrar's No.

7206

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4058 Taft  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adeline Helfrich

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 3 1875  
(Month) (Day) (Year)

8. AGE: Years 72 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 Home

11. Industry or business \_\_\_\_\_

12. Name George Begelsbacher  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Vogel  
(b) Address 2712 Henrietta

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 8/18/48  
(Month) (Day) (Year)  
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker - Kilderke  
(b) Address 3634 Gravois Ave.  
AUG 17 1948 (Date received local registrar) (c) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4058 Taft (If rural, give location) 9  
15 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15  
year 1948 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from 28 July 1948 to 15 Aug 1948  
that I last saw him alive on 14 Aug 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Arterio sclerosis general  
ized - Hypertension  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 832

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 George A Youngman (M. D. or other) MD  
Address 5439 GRAVOIS AVE Date signed 16 Aug 48

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**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 Robert C Wheeler

Licensed Embalmer No. 2178

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:**