

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32539

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

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6276 Registrar's No. 2136

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 Vida</u>			d. STREET ADDRESS (If rural, give location) <u>301 Vida</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>F</u> c. (Last) <u>Helvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 '49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 17, 1910</u>		9. AGE (In years last birthday) <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Ruble Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Perry Helvey</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Howell</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-05-4920</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Debker</u>		18. ADDRESS <u>301 Vida</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>not known</u>		DUE TO (c) <u>not known</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Pulmonary Tuberculosis</u>		<u>5810</u> <u>Several years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>none done</u>		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 7, 1949</u> , to <u>Sep. 7, 1949</u> , that I last saw the deceased alive on <u>Sep. 7, 1949</u> , and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Lawrence Schuler, M.D.</u> (Degree or title)			23b. ADDRESS <u>3515 South Grand St. Louis 18, Mo.</u>		23c. DATE SIGNED <u>Sep. 8, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Piedmont</u>	
24d. LOCATION (City, town, or county) (State) <u>Piedmont Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.L. Ziegenhein & Sons</u>		ADDRESS <u>7027 Gravois</u>	
DATE REC'D BY LOCAL REG. <u>9-8-49</u>		REGISTRAR'S SIGNATURE <u>Richard L. ...</u>		(Licensed Embalmer's Statement on Reverse Side)	

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.