

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35221

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 9083

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3182 Portis Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3182 Portis Place</u>		d. STREET ADDRESS (If rural, give location) <u>3182 Portis Place</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Helm</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>October 21 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>March 1, 1857</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>not known</u>	
13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Helm</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>x</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Hillenkoetter</u>		ADDRESS <u>3182 Portis Pl</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUE TO (b) <u>Upper respiratory infection</u>	
DUE TO (c) <u>Senility + Myocarditis</u>		DUE TO (c) <u>Senility + Myocarditis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Senility + Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>475X</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. B. Klein MD</u> (Degree or title)		23b. ADDRESS <u>2632 S. Kingshighway</u>	
23c. DATE SIGNED <u>10-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	
24b. DATE <u>10/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Ziegenhein</u> ADDRESS <u>5027 Grand</u>	
DATE REC'D BY LOCAL REG. <u>10-24-49</u>		REGISTRAR'S SIGNATURE <u>J. B. Farsten</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Gravel

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.