

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6308
1122

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 400a Victor St. | | d. STREET ADDRESS (If rural, give location) 23 400a Victor St. 29 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Helmbacher | | 4. DATE OF DEATH (Month) (Day) (Year) 2- 3- 1950 | |
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|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓ | 8. DATE OF BIRTH Nov. 22, 1875 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

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|---|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Efo Beiter | 13b. MOTHER'S MAIDEN NAME Don't Know | 14. NAME OF HUSBAND OR WIFE Joseph Helmbacher |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph V. Helmbacher Maton, Ill. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 24 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Rectum | | | |

| | | |
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| 19a. DATE OF OPERATION October 48 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) M.D. | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 October 19 48, to 2-8, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

| | | |
|--|---------------------------|-------------------------|
| 23a. SIGNATURE Aniba Younger, M.D. (Degree or title) | 23b. ADDRESS 3624 Russell | 23c. DATE SIGNED 2-8-50 |
|--|---------------------------|-------------------------|

| | | | |
|--|--------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ✓ | 24b. DATE 2-6-1950 | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. FEB 5 1950 | REGISTRAR'S SIGNATURE J B Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bro. Und. Co. 2201 S. Grand |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Younger
3624 Russell
di 6700
9-11-

me

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 James R. Dean

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

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.