

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38602
Registrar's No. 10193

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 46 Yrs		15. STREET ADDRESS (If rural, give location) 3729 Taft Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3729 Taft Avenue			

3. NAME OF DECEASED (Type or Print) Helen Helmer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1950		
5. SEX F	6. COLOR OR RACE M	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec. 6, 1903		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Neulist		13b. MOTHER'S MAIDEN NAME Katherine Mohrmann		14. NAME OF HUSBAND OR WIFE Richard J. Helmer, Jr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Richard J. Helmer, Jr.	
				ADDRESS 3729 Taft Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 7 Months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Cancer) of the Left</u>		Ovary with General Metastasis				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
II. OTHER SIGNIFICANT CONDITIONS		involving the Abdominal Viscera				

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 175X	

22. I hereby certify that I attended the deceased from Apr. 5, 1950, to Nov. 29, 1950, that I last saw the deceased alive on Nov. 28, 1950, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. J. Walters M.D.</i>		23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 11/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. NOV 30 1950		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. H. Walters
3608 South Grand

2:00 - 4:00 - 6:00 - 8:00

Monday, Wednesday, Friday

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *1936 St Louis Ave*

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.