

FILED MAR 29 1951

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10191
State File No. 2554

BIRTH NO. 18214-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Williamson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herrin		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 501 N. Park Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) — c. (Last) Helleny			4. DATE OF DEATH (Month) (Day) (Year) 3-18-51				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-18-51		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Taffie Helleny			13b. MOTHER'S MAIDEN NAME Esther Jane Craver		14. NAME OF HUSBAND OR WIFE		
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 T. Helleny 501 N. Park. Herrin Ill.				
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) Prematurity (6 months) INTERVAL BETWEEN ONSET AND DEATH 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.						
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 776x			
22. I hereby certify that I attended the deceased from March 18, 1951, to March 18, 1951, that I last saw the deceased alive on March 18, 1951, and that death occurred at 4:52 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Clifford R. Kushi D.M.D.			23b. ADDRESS 35 N. Central, Clayton			23c. DATE SIGNED 3-19-51	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 3-19-51	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Herrin Ill.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 19 1951		REGISTRAR'S SIGNATURE J.P. Kauter		25. FUNERAL DIRECTOR'S SIGNATURE Parker Aldrich Funeral Home Web. Herrin			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Whiter Grove 71*

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.