

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22122**
Registrar's No. **725**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 725	
1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 356 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 S. 31st Street			d. STREET ADDRESS (If rural, give location) 701 S 31st Street		
3. NAME OF DECEASED (Type or Print) a. (First) Emil		b. (Middle) Gustav	c. (Last) Helmer	4. DATE OF DEATH (Month) (Day) (Year) July 7, 1951.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grand Union Tea Co.	11. BIRTHPLACE (State or foreign country) Brownville, Nebraska.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Helmer		13b. MOTHER'S MAIDEN NAME Hermine Sheets	14. NAME OF HUSBAND OR WIFE May Helmer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Helmer St. Joseph, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spine - 4th lumbar vertebra ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Do not know the origin DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 196X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3:10 , 19 51 , to 7:17 , 19 51 , that I last saw the deceased alive on 7:4 , 19 51 , and that death occurred at 10:25A m., from the causes and on the date stated above.					
23a. SIGNATURE (Inscribed or title) Ed Grant M.D.		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 7.7.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1951.	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. July 10, 1951	REGISTRAR'S SIGNATURE Carl C. Casby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1957

FEB 21 1957

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. E. Jennings

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.