

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29101**  
**2945**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2945

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wellston</b>		c. LENGTH OF STAY (In this place) <b>2 wks. 2 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>5014 Deville Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b> b. (Middle) <b>Frances</b> c. (Last) <b>Helmsing</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 19, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Apr. 28, 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Henry Boschert</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Weise</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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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) <b>NO.</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Son-Mr. George Helmsing</b>	ADDRESS <b>5014 Deville</b>
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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 <b>14 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, terminal, bilateral</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Hypertension 44.7 X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized osteo-arthritia</b> <b>Obesity. Senility.</b>		" "	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug. 3, 1951 to Aug. 19, 1951, that I last saw the deceased alive on Aug. 19, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Costello</b>	(Degree or title) <b>MD.</b>	23b. ADDRESS <b>2407 N. Broadway St. Louis</b>	23c. DATE SIGNED <b>8/19/51</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY, LOCAL REG. <b>8-20-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donkemp</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. CROGHAN</b>	ADDRESS <b>7146 Manchester</b>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert O'Yahns*

Licensed Embalmer No. \_\_\_\_\_

*397*

P. O. Address \_\_\_\_\_

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.