

No. 300
10. 20

FILED AUG 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29102

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2929

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warson Woods Village
c. LENGTH OF STAY (In this place) YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION 1606 Dearborn Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warson Woods Village 4640
d. STREET ADDRESS (If rural, give location) 1606 Dearborn Drive

3. NAME OF DECEASED
a. (First) Gunther Albert Helwig
b. (Middle)
c. (Last)

4. DATE OF DEATH Aug 16, 1951
(Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 5/21/36

8. DATE OF BIRTH 7/31/98

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR: Months - Days 15
IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers agent

10b. KIND OF BUSINESS OR INDUSTRY Industrial

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Arthur M. Helwig

13b. MOTHER'S MAIDEN NAME Ottolie Rheinkober

14. NAME OF HUSBAND OR WIFE Vera K. Schoepf Helwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vera K. Helwig, 1606 Dearborn Drive

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with generalized metastases
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 151X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1951, to Aug. 16, 1951, that I last saw the deceased alive on Aug. 16, 1951, and that death occurred at 10:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE Charles Freedman (Degree or title) M. D.

23b. ADDRESS 634 N. Grand Blvd.

23c. DATE SIGNED 8/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/18/51

24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 8-17-51

REGISTRAR'S SIGNATURE / Herbert P. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.

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

JUL 14 1954

SEP 8 1954

MS OCT 11 1954

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.....

Robert [Signature]

Licensed Embalmer No. 1994

Signed.....
Student Embalmer

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.