

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31238

State File No. _____

041

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

FILED SEP 26 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elijah</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Helm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 15, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20, 1924</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR <u>4</u> Months <u>25</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Abraham L. Helm</u>	13b. MOTHER'S MAIDEN NAME <u>Ida E. Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Corine B. Helm</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>195-16-5354</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corine B. Helm</u>	ADDRESS <u>Farmington, Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic - pulmonary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infection -</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>500x</u>			

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-3, 1951, to 9-15, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Esther Rudloff</u>	(Degree or title)	23b. ADDRESS <u>25 Farmington, Mo.</u>	23c. DATE SIGNED <u>9/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>19/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haney</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>	ADDRESS <u>Farmington, Missouri</u>
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DISTRICT HEALTH OFFICE No. 4

SEP 23 1951

RECEIVED

OCT 30 1951

File No. _____

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 Paul R. Royal

Licensed Embalmer No. 4120

P. O. Address Hamington, Mo

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.