

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36880

State File No.

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> c. LENGTH OF STAY (In this place) <u>1 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Washington</u> <u>0362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>526 East 5th St.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HELM</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>26</u> (Year) <u>1951</u>	
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 12, 1865</u>
9. AGE (In years last birthday) <u>86</u> Months <u>7</u> Days <u>14</u>		9. AGE (In years last birthday) <u>86</u> Months <u>7</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing of Shoes</u>	
11. BIRTHPLACE (State or foreign territory) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Helm</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Helm</u>	
14. NAME OF HUSBAND OR WIFE <u>Emilie Helm</u>		14. NAME OF HUSBAND OR WIFE <u>Emilie Helm</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emilie Helm</u>		ADDRESS <u>Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Multiple fractures (Hips, pelvis, elbow, clavicle)</u> <u>2 roles</u>			
DUE TO (c) <u>Fall in home</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> <u>E9030</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington, Franklin, Missouri</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington, Franklin, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 15 1951 7P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Slipped on floor and fall.</u>			
22. I hereby certify that I attended the deceased from <u>15 Nov</u> , 19 <u>51</u> , to <u>26 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>26 Nov</u> , 19 <u>51</u> , and that death occurred at <u>2:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Raymond J. Berger, M.D.</u>		23b. ADDRESS <u>Washington, Mo.</u>	
23c. DATE SIGNED <u>28 Nov 51</u>		23c. DATE SIGNED <u>28 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28, 1951</u>		REGISTRAR'S SIGNATURE <u>J. P. Sudman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. McWilliams</u>		ADDRESS <u>Washington, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

RECORDED
EX-1052

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 _____

W. J. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, 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.