

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25506

State File No.

FILED AUG 6 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>St. Francis 0940</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. A. Osteopathic Hosp. 11771 Farmington, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Florence</u>	b. (Middle) <u>Helenschmidt</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22 1906</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Frank Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Jansen Johanna VanLinden</u>	14. NAME OF HUSBAND OR WIFE <u>Leo Helenschmidt</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Helenschmidt</u>	ADDRESS <u>R.1 Hillsboro, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Quarantine & Dehydration</u>		<u>1 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Carcinoma of Testis 2 1/2 yrs.</u>		<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>172X</u>	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 July 18, 1952 to Aug 1, 1952 that I last saw the deceased alive on July 21, 1952, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Owen, D.O.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>8/1/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 1 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Puddall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>	ADDRESS <u>7128 Michigan</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Ronald J. Jakubik

Licensed Embalmer No. 3918

P. O. Address St. Louis 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.