

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26485

State File No. \_\_\_\_\_

FILED JUL 22 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6578

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 6578	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>22.9</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		22.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1918 R. Cole Dr. 25</i>				d. STREET ADDRESS (If rural, give location) <i>1918 R. Cole</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Bud</i>		b. (Middle) _____		c. (Last) <i>Helbur</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6 10 52</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>1876</i>	
9. AGE (In years last birthday) <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. (BIRTH) PLACE (City and State or Foreign Country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Wm</i>		13b. MOTHER'S MAIDEN NAME <i>Wm</i>		14. NAME OF HUSBAND OR WIFE <i>Wm</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>Wm</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>T. E. Gray 147/300 Clark</i>			
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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Coronary Thrombosis</i> <i>W. m. a</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4201</i>			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Patricia E. Taylor</i>				23b. ADDRESS <i>Coroner 31300 Clark</i>		23c. DATE SIGNED <i>7.7.52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7-25-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, MO</i>	
DATE REC'D BY LOCAL REG. <i>JUL 7 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Chapman 3100 Franklin</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

54 60

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**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 \_\_\_\_\_

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

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.