

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11685

State File No.

3335

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 8MOB.		c. CITY (If outside corporate limits, write RURAL and give township) Clayton		4452	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 7716 Valinca Terrace			
3. NAME OF DECEASED (Type or Print) a. (First) Virginia		b. (Middle) Lee		c. (Last) Helmes		4. DATE OF DEATH (Month) (Day) (Year) March 26, 1953	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 23, 1875	
9. AGE (in years last birthday) 77yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Hme		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin Franklin Reno		13b. MOTHER'S MAIDEN NAME Lida Younger		14. NAME OF HUSBAND OR WIFE Harry E. Helmes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. L. S. Brown ADDRESS 1449 Grant Rd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical shock secondary to removal of Hip prosthesis. Arteriosclerotic Heart Disease yrs. ANTECEDENT CAUSES Adipoid conditions, any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Fracture of Rt hip Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs. 8 moe	
19a. DATE OF OPERATION 3/26/53		19b. MAJOR FINDINGS OF OPERATION Granulation tissue in region of hip joint. 000				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 1952 3 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home.		89040 7-21	
22. I hereby certify that I attended the deceased from Aug 19 52 , to Mar 26, 19 53 , that I last saw the deceased alive on Mar 26, 19 53 , and that death occurred at 8:20 P m. , from the causes and on the date stated above.							
23a. SIGNATURE J. A. Cassel (Degree or title) 0				23b. ADDRESS 2801 N-Taylor		23c. DATE SIGNED 3/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE March 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. Mo.	
DATE REC'D BY LOCAL HEALTH DEPT. MAR 30 1953		REGISTRAR'S SIGNATURE J. A. Cassel MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. H. ...
8801 N Taylor
De 8801

MAY 19 1958

APR 21 1958

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6-175 Dillman

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.