

STANDARD CERTIFICATE OF DEATH

State File No. 44255

FILED DEC 21 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11779

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY St. Louis Co.	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Overland 419 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 2616 Lyndhurst	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) OSCAR	b. (Middle) J.	c. (Last) HELMAR.	Dec. 13, 1953		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 11, 1888.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	------------------------------------	---------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph operator	10b. KIND OF BUSINESS OR INDUSTRY W.U.T.Co.	11. BIRTHPLACE (State or foreign country) St. Charles Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	---	--------------------------------------

13a. FATHER'S NAME ? Helmar	13b. MOTHER'S MAIDEN NAME Barbara ?	14. NAME OF HUSBAND OR WIFE Hazel Helmar wife
--------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-09-5023	17. INFORMANT'S SIGNATURE OR NAME Hazel Helmar, 2616 Lyndhurst	ADDRESS
--	--	---	---------

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, ashenia, 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* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Art. Fecl. Heart Disease DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4200
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from Nov. 21, 1953, to Dec 13, 1953, that I last saw the deceased alive on Dec. 4, 1953, and that death occurred at 4:00A.M. from the causes and on the date stated above.

23a. SIGNATURE Robert J. Farrell M.D.	(Degree, title)	23b. ADDRESS 224 N Union	23c. DATE SIGNED 12/14/53
--	-----------------	-----------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.,	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. DEC 14 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Clark	ADDRESS 1125 Hodiamont Ave.,
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robert Farrell
Delmar & Union Blvd.,

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 Alfred J. Bruders
Licensed Embalmer No. 2663

P. O. Address 1125 Hedden

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.