No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7316

State File No. .....

BIRTH NO. MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 519

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY
c. LENGTH OF STAY (in this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORMANDY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILL.
b. COUNTY: COOK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHICAGO 812 0/8
d. STREET ADDRESS (If rural, give location): unk.

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): VIRGIL
c. (Last): HELMS

4. DATE OF DEATH (Month) (Day) (Year): FEB 28 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPERATED 1
8. DATE OF BIRTH: AUG. 13, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): BOURBON, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: LOUIS HELM
13b. MOTHER'S MAIDEN NAME: FLORENCE SOUDERS
14. NAME OF HUSBAND OR WIFE: EDNA HELM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 494-03-3290
17. INFORMANT'S SIGNATURE OR NAME: JIM HELM — ADDRESS: SULLIVAN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralytic ileus — 12 hrs.
DUE TO (c): Strangulated rt. inguinal hernia — 14 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5610

19a. DATE OF OPERATION: 2-21-54
19b. MAJOR FINDINGS OF OPERATION: Strangulated rt. inguinal hernia with gangrenous bowel
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-20, 1954, *to* 2-28, 1954, *that I last saw the deceased alive on* 2-28, 1954, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Margreiter Jr. D.O.
23b. ADDRESS: 7840 Natural Bridge, St. Louis, Mo.
23c. DATE SIGNED: 3-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify): [redacted] REMOVAL
24b. DATE: MARCH 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: OLD ARGO CEMETERY
24d. LOCATION (City, town, or county) (State): BOURBON R.R. MO

DATE REC'D BY LOCAL REG.: 3-1-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: H. W. Eaton — ADDRESS: Sullivan, MO

SW

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1955

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.