

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24662

State File No. 5984

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>XIX</u> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4905 McCausland Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>4905 McCausland Ave. 2039</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Helmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linotype Worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Halamicsek</u>		13b. MOTHER'S MAIDEN NAME <u>Aurelia Hanik</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Lee Walker Helmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>189-07-6790A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Lee Helmer - 4905 McCausland</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ii. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease 3 yrs</u>					
		DUE TO (c)					
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 <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>1954</u> , 19 <u>54</u> , to <u>July 1, 1954</u> , that I last saw the deceased alive on <u>June 24, 1954</u> , and that death occurred at <u>5:00A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John S. Matthew MD</u>		(Degree or title)		23b. ADDRESS <u>3707 Watson Rd</u>		23c. DATE SIGNED <u>7-1-54</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 5, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>JUL 2 1954</u>		REGISTRAR'S SIGNATURE <u>J. Casby Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hacker - Felderle - 3634 Gravois Ave.</u>			

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

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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.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.