

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35450

Registrar's No. 9669

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 Hour		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 8 8545 Lowell Street 2089	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W c. (Last) Helgans			4. DATE OF DEATH (Month) (Day) (Year) October 23 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 29, 1892		9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pub Service		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Charlotte Helgans,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War		16. SOCIAL SECURITY NO. 494-01-0067		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Charlotte Helgans, 8545 Lowell St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Ac Myocardial Ischemiation & Pulmonary edema			
ANTECEDENT CAUSES		DUE TO (b) Diabetic Acidosis due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) Ac Acute Colitis		2 weeks.	
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 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? 260X	

22. I hereby certify that I attended the deceased from July, 1951, to 10-23-1954, that I last saw the deceased alive on 10-23-1954, and that death occurred at 11:15 AM from the causes and on the date stated above.

23a. SIGNATURE Carl J. Reis		23b. ADDRESS 184 King Highway		23c. DATE SIGNED 10-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			

DATE REC'D BY LOCAL REG. OCT 25 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. E.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W. Gordon Burnley*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

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.