

Reg. 4908

State File No.

FILED FEB 2 - 1955

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0403

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N Grand St. Louis, Mo.		c. LENGTH OF STAY (In this place) 53 Days		c. CITY OR TOWN TAYLOR SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				STREET ADDRESS (If rural, give location) BOX 84 81208			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) HELFER			4. DATE OF DEATH (Month) (Day) (Year) 1-14-55				
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-27-88	9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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 Unknown		11. BIRTHPLACE (City and State or Foreign Country) Coffeen, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Helfer		13b. MOTHER'S MAIDEN NAME Mattie Traylor		14. NAME OF HUSBAND OR WIFE Nellie Helfer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Post-op. Cholecystectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 12-9-54		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis - Chronic Cholecystitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? - - - - - 584X			
22. I hereby certify that I attended the deceased from 11-22, 1954, to 1-14, 1955, and that death occurred at 1:50 P.M., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) M.D. [Signature]				23b. ADDRESS VAH 915 N. Grand St. Louis, Mo.		23c. DATE SIGNED 1-14-55	
24. BURIAL OR CREMATION (Specify) Removal				24a. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Hillsboro Ill	
DATE REC'D BY LOCAL REG. JAN 15 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALBERT H. HOPPE, 4700 WASHINGTON			

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..... *J. W. Wilkinson*

Licensed Embalmer No. *35*.....

P. O. Address *17 Loc*.....

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.