

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **Maplewood**
c. LENGTH OF STAY (in this place) **12 Days**

c. CITY OR TOWN **Kirkwood** **470** **3**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Maplewood Nursing Home**

STREET ADDRESS (If rural, give location) **635 Scott Ave.**

3. NAME OF DECEASED
a. (First) **WALDEMAR** b. (Middle) _____ c. (Last) **HELFFENSTELLER**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 12 1955**

5. SEX **Male** **0**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **2 Oct. 8, 1879**

9. AGE (In years last birthday) **75** 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) **Food Broker (Self Employed)**

10b. KIND OF BUSINESS OR INDUSTRY **Food**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** **0**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Ernest Helfensteller**

13b. MOTHER'S MAIDEN NAME **Veronica Goerlich**

14. NAME OF HUSBAND OR WIFE **Late Olga Helfensteller**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No** **None**

16. SOCIAL SECURITY NO. **491-05-4789A**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Elsa Helfensteller 635 Scott Ave.**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **pneumonia, bronchial**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **arteriosclerosis**
DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH **5 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO **491X**

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) (Min.)

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 **Jan 1, 1955**, to **Jan 12, 1955**, that I last saw the deceased alive on **Jan 10, 1955**, and that death occurred at **9:50P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul R. Rutledge M.D.**

23b. ADDRESS **Kirkwood Mo**

23c. DATE SIGNED **1-13-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24b. DATE **Jan. 15, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **1/13/55**

REGISTRAR'S SIGNATURE **Herbert K. ...**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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

44

0

117
P. O. Address

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 *John A. Frauman*.....
Licensed Embalmer No. 45.....

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.