

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6853**

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 436			
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) OR TOWN Sappington			c. LENGTH OF STAY (In this place) 3 yrs.	c. CITY OR TOWN Sappington			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Box 2270 Denny Rd.				STREET ADDRESS (If rural, give location) Box 2270 Denny Rd.					
3. NAME OF DECEASED (Type or Print) a. (First) Florence			b. (Middle)		c. (Last) Helfert		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec 23, 1904		9. AGE (In years last birthday) 54	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) At home			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) St Louis Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Chas. Merckel			13b. MOTHER'S MAIDEN NAME Elizabeth Stegmann		14. NAME OF HUSBAND OR WIFE Gustave Helfert				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gustave Helfert Sappington 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) Acute Indigestion						INTERVAL BETWEEN ONSET AND DEATH 2 hours		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic hepatitis						DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION 0		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? —					
22. I hereby certify that I attended the deceased from Jan 8, 1955 , to Feb 18, 1955 , that I last saw the deceased alive on Feb 13, 1955 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Walter Kelly MD				23b. ADDRESS 9915 Gravois			23c. DATE SIGNED 2/18/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/21/55	24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sappington Mo.				
DATE REC'D BY LOCAL REG. 2/19/55		REGISTRAR'S SIGNATURE Robert K. Monte, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois					

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 *E. P. Kudwell*.....

Licensed Embalmer No. *387*

P. O. Address *7027 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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 the body is not embalmed, fact should be so stated above.