

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13426

FILED APR 18 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3173**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN E. St. Louis	b. COUNTY St. Clair
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 1817 Gay Avenue	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Gaston	b. (Middle) NMN	c. (Last) Helm	April 7, 1955		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1932		9. AGE (In years last birthday) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY American Steel	11. BIRTHPLACE (City and State or Foreign Country) Dancy, Alabama		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gaston Helm, Sr.		13b. MOTHER'S MAIDEN NAME Bertha Spiller		14. NAME OF HUSBAND OR WIFE Johnnie Beatrice Helm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 331-24-1805		17. INFORMANT'S SIGNATURE OR NAME Johnnie Helm ADDRESS 1817 Gay	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia		ACUTE Lymphatic Leukemia		1 yr.	
*This does not mean the mode of dying, such as heart failure, asthma, 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) _____			
		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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 2040	

22. I hereby certify that I attended the deceased from March 19, 1955, to April 7, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Vermillion, M.D. (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-8-55		24c. NAME OF CEMETERY OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Nash		ADDRESS 111 N. 13th	
DATE REC'D BY LOCAL REG. APR 8 1955		REGISTRAR'S SIGNATURE Carl Smith, M.D.			

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.....
O. J. Neal

Licensed Embalmer No. 2432

P. O. Address..... 3847 Page

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.