

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14311

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 924

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Manchester</u>		c. LENGTH OF STAY (in this place) <u>38 days</u>	c. CITY OR TOWN <u>Maryland Heights</u> <u>#250</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchster Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>R#1 Box 620</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle)	c. (Last) <u>Helker</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 20, 1955</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 19, 1882</u>		9. AGE (in years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Helker</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Grace Helker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>Span Amer.</u>	
16. SOCIAL SECURITY NO. <u>498-26-6857</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Helker</u> ADDRESS <u>Maryland Heights, Mo.</u>	
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) <u>Arterio-vascular-renal disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
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) (Minute)		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 <u>Mar. 11, 1955</u> , to <u>April 20, 1955</u> , that I last saw the deceased alive on <u>April 19, 1955</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>B. R. Loving</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>BALLWIN, Mo.</u>	
23c. DATE SIGNED <u>4-21-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Balmain Busch</u> ADDRESS <u>504 Woodson Rd-Overland-14-Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/21/55</u>		REGISTRAR'S SIGNATURE <u>Rebeccah R. Lambert</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

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 *Oscar F. Mueller*.....

Licensed Embalmer No. *3030*

P. O. Address *Overland*

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.