

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26751

State File No. 26751
Registrar's No. 60

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 1592

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim Twp. | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 5 Months | | 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 Mountain View Nursing Home | | | |
| e. STREET ADDRESS (If rural, give location) 7036 Rhodes Ave. | | | |

| | | | | | |
|--|-------------|-----------------------------|------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) LORENA | b. (Middle) | c. (Last) HELBERG | (Month) July | (Day) 30 | (Year) 1955 |

| | | | | | | | | |
|-------------------------|----------------------------------|--|--|--|------------------------|----------------------|----------------------|---------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH April 3, 1880 | 9. AGE (In years last birthday) 75 | If UNDER 1 YEAR Months | If UNDER 1 YEAR Days | If UNDER 1 HRS Hours | If UNDER 1 HRS Min. |
|-------------------------|----------------------------------|--|--|--|------------------------|----------------------|----------------------|---------------------|

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|---|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|---|--|--|--|---|--|

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Steven Littreal | | 13b. MOTHER'S MAIDEN NAME Mary Unknown | | 14. NAME OF HUSBAND OR WIFE Late Thomas Helberg | |
|--|--|--|--|---|--|

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|---|--|--|--|---|--|------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Thomas Durham | | ADDRESS 7036 Rhodes Ave. | |
|---|--|--|--|---|--|------------------------------------|--|

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| 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) Cardio Vascular Disease | | | | INTERVAL BETWEEN ONSET AND 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. H221 | | | | | |

| | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|---|--|

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|--|--|--|--|---|--|
| 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 <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 Feb. 19, 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 7:10 P m., from the causes and on the date stated above.

| | | | | | | | |
|------------------------------------|--|----------------------------------|--|---|--|-----------------------------------|--|
| 23a. SIGNATURE R. D. ... | | (Degree or title) M.D. | | 23b. ADDRESS 12 Mississippi Crystal City, Mo. | | 23c. DATE SIGNED 8-2-55 | |
|------------------------------------|--|----------------------------------|--|---|--|-----------------------------------|--|

| | | | | | | | |
|---|--|----------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Aug. 3, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
|---|--|----------------------------------|--|---|--|---|--|

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|---|--|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 8-2-55 | | REGISTRAR'S SIGNATURE Jesse G. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | | ADDRESS 4228 S. Kingshighway Bl. | |
|---|--|--|--|---|--|--|--|

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 9 1955

*Exhibit C-1
135 Main St. Hillsboro
Missouri*

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 GEO. W. KRIEGSHAUSER JR., Student Embalmer No. 514 working under my personal supervision..

Student George W. Kriegshauser Jr.
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 5228

P. O. Address 5228 S. King

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.