

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34826

State File No. _____

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8583**

1. PLACE OF DEATH a. COUNTY St., Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St., Louis, Mo		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St., Louis, Mo
d. TOWN _____		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 3737 Cottage Ave		STREET ADDRESS (If rural, give location) 3737 Cottage Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) S		c. (Last) Helton		4. DATE OF DEATH (Month) (Day) (Year) Sept 29, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 10 1909		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec		11. BIRTHPLACE (City and State or Foreign Country) Dixon Mo		12. CITIZEN OF WHAT COUNTRY? U.S	

13a. FATHER'S NAME Chan Helton		13b. MOTHER'S MAIDEN NAME Diceo Panky		14. NAME OF HUSBAND OR WIFE Rafala Helton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Rafala Helton ADDRESS 3737 Cottage Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shotgun wound of skull and brain, suffered when deceased shot self with shotgun in shed in rear of house September 29, 1955			
		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		II. OTHER SIGNIFICANT CONDITIONS (c) While suffering a temporary mental aberration			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION suicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29 55 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E976X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **330 P.** m., from the causes and on the date stated above.

23. SIGNATURE J. Earl Smith, M.D.		23b. ADDRESS 1300 Clair		23c. DATE SIGNED 9/30/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 3 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
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DATE REC'D BY LOCAL REG. SEP 30 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan ADDRESS 2849 No Euclid Ave	
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3, 0 (Licensed Embalmer's Statement on Reverse Side)

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 *Albert Mayfield*.....

Licensed Embalmer No. *39*.....

P. O. Address *St. Paul*.....

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.