

FILED JAN 26 1956

STANDARD CERTIFICATE OF DEATH

2751

State File No. _____

383

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

1. PLACE OF DEATH
a. COUNTY St. Louis Mo.

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 township) OR TOWN St. Louis Mo.

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Ms. Pacific Hospital

e. STREET ADDRESS (If rural, give location) 14 5408 Pernod Ave. 21490

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) Joseph c. (Last) Helderle

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept-23-1875

4. DATE OF DEATH (Month) (Day) (Year) Jan-11-1956
9. AGE (In years) (Months) (Days) (Hours) (Min.) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Nil

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Josephine (Unknown)

14. NAME OF HUSBAND OR WIFE Rose Helderle

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. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jean Weatherall 5408 Pernod Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Bile duct obstruction
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES Due to Ca Pancreas
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) metastatic CA from sigmoid
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 157x

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-5-1956, to Jan-11-1956, that I last saw the deceased alive on 1-11-1956, and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.R. Sheridan M.D.

23b. ADDRESS 1755 So. Grand Blvd.

23c. DATE SIGNED 1-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Jan. 6, 1956

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JAN 12 1956

REGISTRAR'S SIGNATURE J. C. Smith MD

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holmeister Colonial Mortuary 6164 Chippewa St., St. Louis, Mo.

(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 *Levin C. Hoffman*

Licensed Embalmer No. *387*

P. O. Address *7814 S. B.*

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.