

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11841

State File No. ....

FILED APR 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 806

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 township) OR TOWN <u>WELLSTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSTON</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>6236 JULIAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6236 JULIAN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>HELM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23 1956</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>JULY 2, 1908</u>		9. AGE (In years last birthday) <u>47</u> Months <u>8</u> Days <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPR.</u>	
11. BIRTHPLACE (State or foreign country) <u>BOURBON, MO. R.R.T.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VARIOUS</u>	

13a. FATHER'S NAME <u>LOUIS J. HELM</u>		13b. MOTHER'S MAIDEN NAME <u>FLORENCE SOOPERS</u>		14. NAME OF HUSBAND OR WIFE <u>ALMA STROTHKAMP HELM</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-03-5551</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALMA HELM</u> ADDRESS <u>ST. LOUIS 14, MO.</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound resulting in massive laceration of heart and left lung.</u>		DUE TO (b) _____					
ANTECEDENT CAUSES		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>976x</u>	

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 (Specify) SUICIDE HOMICIDE <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellston St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 23, 1956 6:35 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted gunshot wound of the chest</u>	

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest J. Williamson</u> Coroner		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>3-26-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>MARCH 25 1956</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>ARGO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN R.R.T. MO.</u>	
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DATE REC'D BY LOCAL REG. <u>3-26-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dombard</u>		FURNERAL DIRECTOR'S SIGNATURE <u>H. W. Eaton</u> ADDRESS <u>Sullivan, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING 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, ~~as by~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address

*Sullivan, Me.*

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 this body is not embalmed, fact should be so stated above.