

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17297**

FILED MAY 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **276 36**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps 0870</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. James 5</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. James</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soldiers Home Hospital</b>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>George</b>	b. (Middle) <b>Conrad</b>	c. (Last) <b>Helm</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 19 1956</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Nov 27, 1893</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bem, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Helm</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mestemah</b>	14. NAME OF HUSBAND OR WIFE <b>Uannawn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or dates of service. <b>Yes N.A.W.I</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Helm, Owensville, Missouri</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Arteriosclerosis</b> DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Indefinite</b>	

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) <b>331x</b>
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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?
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22. I hereby certify that I attended the deceased from **Dec 19 1955** to **May 19 1956**, that I last saw the deceased alive on **May 16 1956** and that death occurred at **10:50 a.m.** from the causes and on the date stated above.

23. SIGNATURE (Death certifying) <b>Josh Grosskreutz M.D.</b>	23b. ADDRESS <b>St. James, Mo.</b>	23c. DATE SIGNED <b>May 20 1956</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Soldiers Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-21-1956</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Jesse Galt, St. James, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 420

Date Filed 5-23-1956

AUG 29 1956

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 Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James,

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.