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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1963

State File No.

FILED JUN 14 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1263

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>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>16 hrs.</u>	c. CITY OR TOWN <u>Festus</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Josephs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frederick</u>	b. (Middle) <u>Max</u>	c. (Last) <u>Helm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1956</u>
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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>March 13, 1916</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tower Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Biggers, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Otho Helm</u>	13b. MOTHER'S MAIDEN NAME <u>Mamie Wooley</u>	14. NAME OF HUSBAND OR WIFE <u>Loretta</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loretta Helm, Festus, Mo.</u>	ADDRESS _____
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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, athenia, 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>Severe Burns of Body</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Amuria (Lower nephra nephrosi)</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In factory</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Crystal City</u> (COUNTY) <u>OS</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 19 56 3:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Compressor blew out & hydrogen exploded</u>
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22. I hereby certify that I attended the deceased from 5-19, 1956, to 5-19, 1956, that I last saw the deceased alive on 5-19, 1956, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis X. Palotta</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Missouri Health Bldg, 822 W. 5th St</u>	23c. DATE SIGNED <u>5/19/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corning Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Corning, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>5-22-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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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: *Stanley H. Sipe*.....

Licensed Embalmer No. *419*.....

P. O. Address: *St. L.*.....

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.