

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

492

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Callaway</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, give TOWNSHIP only) OR TOWN <u>Rural Auxvasse Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Eureka</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway D.</u>		d. STREET ADDRESS <u>RFD 1</u> (If outside, give location) <u>11000</u> <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in hospital <u>nil</u>			

3. NAME OF DECEASED (Type or print) <u>Charles Thomas Helmich</u> First Middle Last			4. DATE OF DEATH <u>Jan. 19, 1957</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 7, 1917</u>	9. AGE (In years last birthday) <u>39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (City and state or country) <u>Owensville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Charles Helmich</u>			14. MOTHER'S MAIDEN NAME <u>Mary Beucke</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>495 14 9923</u>	17. INFORMANT <u>Mrs. Catherine Helmich Eureka Mo.</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>8234</u> <u>32</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Fracture of Many Bone in Face</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>One Car Driven By E.L. Keen left Road and</u>	
20c. TIME OF INJURY <u>7:25 p. m.</u> Hour Month, Day, Year <u>1/19/57</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road D.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>County Road D. Callaway Mo.</u>	20g. COUNTY STATE <u>Missouri</u>
21. I attended the deceased from <u>7:25 P.M.</u> to _____ and last saw <u>her</u> <u>him</u> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Jerry A. Stewart</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Fulton Missouri</u>	22c. DATE SIGNED <u>1/20/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan-22-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Natl. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>
24. FUNERAL DIRECTOR <u>Maupin</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 23 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 20 1957

NOV 21 1957

NOV 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. D. Rossor*

Licensed Embalmer No. *25*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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. - -