FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6279

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1411

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 LUTHERAN HOSPITAL — Length of stay in 1b 2019	d. STREET ADDRESS (If outside, give location) 6425 VIRGINIA AVENUE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: WILLIAM	Middle: P.	Last: HELFRICH	4. DATE OF DEATH Month Day Year: FEBRUARY 10, 1957
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: DEC. 17, 1885	9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK	10b. KIND OF BUSINESS OR INDUSTRY: GROCERY	11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: NICHOLAS HELFRICH		14. MOTHER'S MAIDEN NAME: SOPHIE MEYER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: 490 03 1056	17. INFORMANT Address: FLORENCE HELFRICH 6425 VIRGINIA AVENUE		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease,

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis.

DUE TO (c) Hypertensive C V disease

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0

20c. TIME OF INJURY. Hour, a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/27/56, to Feb 10-57 and last saw her/him alive on Feb 4-57

Death occurred at 9:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Kienzle M.D.

22b. ADDRESS 4075 S Grand

22c. DATE SIGNED 2/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: FEB. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY: LAKEWOOD PARK CEMETERY	23d. LOCATION (City, town, or county) (State): AFFTON, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG.: FEB 13 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD MJB.	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 0
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Linus C. Hoffman

Licensed Embalmer No. 38

P. O. Address 7814 S. B

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.