

REGISTRATION DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 500 REGISTRAR'S NO. 3171

STATE FILE NUMBER 59-042908

REG. #A-593 LED VS DEC 8 1959

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042908

REGISTRATION DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 500 REGISTRAR'S NO. 3171

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 130 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2912 MINNESOTA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DEWITT Middle A. Last HELTON			4. DATE OF DEATH Month 11 Day 29 Year 59			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-94	9. AGE (last birthday) 65 YEARS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOLDER		10b. KIND OF BUSINESS OR INDUSTRY ALUMINUM CASTING	11. BIRTHPLACE (City and state or country) MORRISTOWN, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM HELTON		13b. MOTHER'S MAIDEN NAME MUSEITA MULLINS		14. NAME OF HUSBAND OR WIFE LETA J. HELTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 489-01-7898	17. INFORMANT VA HOSPITAL RECORDS, JEFF. BRKS., MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) LOBULAR PNEUMONIA			5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE, ARTERITIS			11 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) 4200		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. attended the deceased from **7-22-59** to **11-29-59**
 Death occurred at **7:15** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Please print name) W. O'FFLER, M.D., DIRECTOR PROFESSIONAL SVCS. VAH, JEFF. BRKS., 25, MO.		22b. ADDRESS	22c. DATE SIGNED 11-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGSHIGHWAY		25. DATE RECD. BY LOCAL REG. 11-30-59	26. REGISTRAR'S SIGNATURE John E. Murphy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Edwin A McHenry

Licensed Embalmer No. _____

3024

P. O. Address _____

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.