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| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                 |  | Length of stay in 1b<br><u>7 months</u>   | c. CITY OR TOWN <u>Portage des Sioux</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>George</u> Middle <u>Nick</u> Last <u>Helfert</u>                |                                  |   | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>28</u> Year <u>1960</u> |   |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-23-1895</u>                                     | 9. AGE (last birthday)<br><u>65</u>                 | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Unemployed</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>        |   |
| 13a. FATHER'S NAME<br><u>Phillip Helfert</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Yager</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Never married</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)<br><u>Yes World War I</u> | 16. SOCIAL SECURITY NO.<br><u>487-12-4012</u> | 17. INFORMANT<br><u>Mrs. Anna Heidorn, 4438 N. 19th St</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Abt. 6 hr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Acute myocardial infarction</u> |  |
|  | DUE TO (c) <u>4201</u>                        |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ | 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 |
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21. I attended the deceased from 9/26/60 to 12/28/60 and last saw her/him alive on 12/28/60  
 Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Regree or title)<br><u>C.O. Vermillion M.D.</u> | 22b. ADDRESS<br><u>BARNES HOSPITAL</u> | 22c. DATE SIGNED<br><u>12/28/60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>12-31-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>Stock Mortuaries, 2117 E. Grand</u> | 25. DATE RECD. BY LOCAL REG.<br><u>BL. DEC 29 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address J. Davis

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.