

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 22 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9244**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1909 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 Park Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELEN LENA MEES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 13, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 7 hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Arnold Terivesten

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Emily Moll

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Charles Mees

(b) Address 1909 Park Avenue

17. (a) Burial (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director A. W. M. ...

(b) NOV 21 1941 3301 Lafayette Avenue

19. (a) (Date received local registrar) (b) J. F. ...
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1941 hour 8 minute 55 a.m.

21. I hereby certify that I attended the deceased from November 15, 1941, to November 20, 1941;
that I last saw her alive on November 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Disease Duration 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 87

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Arthur D. ... (M. D. or other)

Address 3720 Washington Blvd Date signed 11-21-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L.R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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 this body is not embalmed, fact should be so stated above.