WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 23 1935

Do not use this space.

30722

File No.

Registered No. 7488

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Primary Registration District No. 1003

Township

City St. Louis Mo. (No. Barnes Hosp. St. Ward)

2. FULL NAME Carl Leonard Wimmer

(a) Residence, No. #2415 North 18th Street N.R. Ward. Belleville Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gladys Wimmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27-1909

7. AGE: YEARS 26 MONTHS 2 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business

10. Date deceased last worked at this occupation (month and year): Apr. 1935

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville St. Clair County Ill

FATHER

13. NAME: William L. Wimmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Sarwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Wm L. Wimmer (ADDRESS) Belleville, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cemetery DATE 9/7/1935 19

19. UNDERTAKER: G. H. Bichler (ADDRESS) 4318 Gravois Ave

20. FILED SEP -5 1935, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4-1935, to 9-5-1935, I last saw him alive on 9-5-1935. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

Malignant Teratoma of testicle generalized metastases — Date of onset May, 1935

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Earle S. Wilson, M. D.

(Address) Barnes Hospital