

7-39

DEC 11 1940

Registration District No. 784

Primary Registration District No. FD1

Registrar's No. 2240

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Frank Wilmas Jr

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Alma Wilmas 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 11 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tavern Owner

11. Industry or business _____

12. Name Frank Wilmas Sr.

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

14. Maiden name Louise Sahn

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

16. (a) Informant Alma Wilmas

(b) Address 6300 Page, Wellston, Mo.

17. (a) Burial (b) Date thereof 11-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jessie H. Papp Jr

(b) Address Kirkwood, Mo.

19. (a) NOV 28 1940 (b) DR. M. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Wellston
(d) Street No. 6300 Page
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 27
year 1940 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile truck accident
Ran into rear end of a
Due to truck wheel striking car
auto on a public highway

Other conditions fracture of sternum, etc
(Include pregnancy within 3 months of death)

Major findings: Of operations fracture of sternum, etc
Of autopsy fracture of sternum, etc

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 27, 1940
(c) Where did injury occur? University City, Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (e) Means of injury with collision

23. Signature John O'Connell (M. D. or other) 28
Address Home of ... Date signed 11/28/40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Raymond J. Bopp

Licensed Embalmer No.

3042

P. O. Address.....

Clayton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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