27486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 21 1942

Registration District No. ~~175~~ 161 Primary Registration District No. ~~5580~~ 5594 Registrar's No. 15-43

1. PLACE OF DEATH:
(a) County Jefferson 50
(b) City or town Cedar Hill Mevaux
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 58 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson 50
(c) City or town Cedar Hill 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis Wilkomer
3. (b) If veteran, name war No
3. (c) Social Security No. 489-14-3946
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary Kommer
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Mar (Month) 18 (Day) 1884 (Year)

8. AGE: Years 58 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Dittmer (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Emil Kommer
FATHER
12. Name
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature Mary Kommer
(b) Address Cedar Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Dittmer Cem.
18. (a) Signature of funeral director Kenneth W. Koch
(b) Address Fenton, Mo
19. (a) 23 Jul 1942 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 11 minute 00 A M.
21. I hereby certify that I attended the deceased from 7/18/42, 19__, to 7/20/42, 19__; that I last saw him alive on 7/20/42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heat Exhaustion	
Due to 191	
Due to 99	
Other conditions Aortic Valvular (Include pregnancy within 3 months of death) Heart Disease	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 05 0
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Frank F. Huck (M. D. or other) Mo.
Address Fenton, Mo Date signed 7/20/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

DEC 31 1952

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 Kenneth H. Koch

Licensed Embalmer No. 4272

P. O. Address Fenton, Mo.

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, above space should be left blank.