S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Rambo
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30183

State File No. 9

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 220

26
5
4

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
720 W Mc Carty St 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 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26 5

(c) City or town Jefferson City Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 720 W Mc Carty
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward J. P. Vilm

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rose Catherine

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct (Month) 13 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	11	5	hr. min.

9. Birthplace Longeville Alsace Lorraine X
(City, town, or county) (State or foreign country)

10. Usual occupation Flour Miller

11. Industry or business ✓

FATHER
12. Name Nickolas Vilm
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Ismert
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. Vilm
(b) Address 720 W Mc Carty St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Thope J Gordon
(b) Address 217 E Mc Carty St

19. (a) 9-25-42 (Date received local registrar) (b) Norma Fichter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from about Oct. 1941, to 9/24, 1942 that I last saw him alive on 9/24/, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cirrhosis of the liver.

Due to Chr. Nephritis

Due to Chr. Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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

(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 W. W. Rambo (M. D. or other)

Address Jefferson City Mo Date signed 9-25-42

894 (Licensed Embalmer's Statement on Reverse Side)

#P

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 Fred P. Dieck

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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, fact should be so stated above.