No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3365

Registrar's No. 109

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

St. Louis County Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 71 Days

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County St. Louis

(c) City or town Creve Coeur

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALBERT WILMAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amelia Wilmas

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

7. Birth date of deceased Nov. (Month) 4 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
71	3	11	hr. min.

9. Birthplace Ellisville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming and road work

11. Industry or business

FATHER

12. Name Antoine Wilmas

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

MOTHER

14. Maiden name Louisa Renk

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

16. (a) Informant Albert Wilmas

(b) Address Creve Coeur, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan. 18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Hergan Cem.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 1-20-47 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1-4-47, 19, to 1-15-, 1947 that I last saw him alive on 1-15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to	
Due to 486A	
Other conditions (Include pregnancy within 3 months of death) fracture neck right femur	
Major findings: Of operations	
Of autopsy above	

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) Accident 96

(b) Date of occurrence 1-4-47

(c) Where did injury occur? Creve Coeur (City or town) St. Louis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? It fell on ice (Specify type of place)

While at work? (e) Means of injury

23. Signature John Jeffery M.D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.