

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14240
State File No. 3324
Registrar's No. 3324

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 021	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3324⁹ Olive Street		d. STREET ADDRESS (If rural, give location) 3324⁹ Olive Street	

3. NAME OF DECEASED (Type or Print) a. (First) ABB b. (Middle) FRANK c. (Last) VILMER		4. DATE OF DEATH (Month) (Day) (Year) Apr. 13-1949	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH MAR. 5-1877
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 1 Days 8	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk-Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Desoto, Missouri		12. CITIZEN OF WHAT COUNTRY 0	

13a. FATHER'S NAME FRANK Vilmer	13b. MOTHER'S MAIDEN NAME Rose Boyer	14. NAME OF HUSBAND OR WIFE FRANCES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ralph Vilmer	ADDRESS 2021 Bissell St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver (Alcoholic)		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis (chronic)		
	DUE TO (c) 12/14		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5-11			

19a. DATE OF OPERATION 4	19b. MAJOR FINDINGS OF OPERATION 5-11	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-12-**, 19**49**, to **4-13-**, 19**49**, that I last saw the deceased alive on **4-12-**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gen. W. Toerman M.D.	23b. ADDRESS 3532 Washington Blvd.	23c. DATE SIGNED 4-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-15-49	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) Desoto, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 13 1949	25. FUNERAL DIRECTOR'S SIGNATURE A W McLaughlin	ADDRESS 2301 Lafayette
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21

DR. G. W. TREMAIN
3532 Washington Bl.

3824

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.