

FILED MAY 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12532

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 68

0360

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

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, St. John's Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington-Rural-St. John's	
c. LENGTH OF STAY (in this place) 11 mos.		d. STREET ADDRESS (If rural, give location) R. #2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION. R. #2.		e. STREET ADDRESS (If rural, give location) R. #2.	

3. NAME OF DECEASED (Type or Print) ANNA MARIE WILMESHERR			4. DATE OF DEATH (Month) (Day) (Year) Apr. 28th, 1950.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 11th, 1897		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Hours Min. 5 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe-worker.			10b. KIND OF BUSINESS OR INDUSTRY Employed at International Shoe Co.		
11. BIRTHPLACE (State or foreign country) Washington, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Paul Gomolo.		13b. MOTHER'S MAIDEN NAME Sophia Borak.		14. NAME OF HUSBAND Otto F. Wilmesherr.	
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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) No. X		16. SOCIAL SECURITY NO. 494-03-4758		17. INFORMANT'S SIGNATURE OR NAME Otto F. Wilmesherr ADDRESS R. #2. Washington, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Hanging				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				E974X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. John's Township Franklin, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 28, 1950		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A. M., from the causes and on the date stated above.

23a. SIGNATURE Pho. P. Shaffer (Degree or title) Coroner		23b. ADDRESS Sullivan		23c. DATE SIGNED 4/28/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
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DATE REC'D BY LOCAL REG. May 1, 1950		REGISTRAR'S SIGNATURE [Signature]		FUNDERAL DIRECTOR'S SIGNATURE Nieburg & Witt, Inc. ADDRESS Washington, Mo.	
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District File Number _____
District Health Officer No. 9,
RECEIVED MAY 6 1950

MAY 11 1950

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.

Signed _____
Student Embalmer

Signed

Jerome F. Swoboda

Licensed Embalmer No. *4507*

P. O. Address

Washington

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.