

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 42957
10910 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 38 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		STREET ADDRESS (If rural, give location) 3510 Henrietta 0	

3. NAME OF DECEASED (Type or Print) a. (First) ROME b. (Middle) VILLMER c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1950
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. ✓	8. DATE OF BIRTH 10-22-1882	9. AGE (In years last birthday) 68 if UNDER 1 YEAR Months if UNDER 1 YEAR Days if UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY				

13a. FATHER'S NAME Thomas Villmer	13b. MOTHER'S MAIDEN NAME Sophia Pollette	14. NAME OF HUSBAND OR WIFE Ida
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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	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Rose Ogden, 3510 Henrietta Ave. St. Louis	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		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) <u>Arteriosclerotic Heart Disease 1948x.</u>		
	DUE TO (c)		
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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1998

22. I hereby certify that I attended the deceased from 11/15/48 to 12-21-50, that I last saw the deceased alive on 12/21/50, and that death occurred at 4:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>John Schlenker, III, D.</u> (Degree or title)	23b. ADDRESS 5400 Arsenal Street	23c. DATE SIGNED 12/21/50
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24a. BURIAL: CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-50	24c. NAME OF CEMETERY OR CREMATORY DeSoto, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. DEC 21 1950	REGISTRAR'S SIGNATURE <u>J. B. Lurain</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, Inc.</u> ADDRESS 2501 Lafayette St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

file copy

X

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

L. B. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. 3635

P. O. Address 2317 Lafayette St

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.