No. 300
10.48

FILED JAN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44951

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 6235 Registrar's No. 66

1090
1

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

1. PLACE OF DEATH
a. COUNTY: WARREN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PICKNEY TWP
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/4 mi WEST OF TRELOAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WARREN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - PINCKNEY TWP
d. STREET ADDRESS (If rural, give location): 7 mi. N.W of TRELOAR 1090 0

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): HERMAN
c. (Last): WILMSMEYER

4. DATE OF DEATH (Month) (Day) (Year): DEC 12 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL-29-1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: CHRISTIAN WILMSMEYER
13b. MOTHER'S MAIDEN NAME: MATHILDA VICKES
14. NAME OF HUSBAND OR WIFE: EMMA WILMSMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: EMMA WILMSMEYER — ADDRESS: Treloar MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict of Corners Jury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) By crossing the MKT
DUE TO (c) R.R. West of Treloar Mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
By an MKT Hospital was accidently killed

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cause of death Body badly mangled
20. AUTOPSY? YES ☐ NO ☐

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) 104 (STATE): Treloar Warren Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 12-1953 3.50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: accidently struck by MKT train

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. F. H. Knigge Corner 3
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-15-1953
24c. NAME OF CEMETERY OR CREMATORY: ME Smith Creek Cem.
24d. LOCATION (City, town, or county) (State): R+D TRELOAR MO

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Floyd Logan 421 0
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H Blumer — ADDRESS: Hermann Mo

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed August Bauer

Licensed Embalmer No. 3160

P. O. Address Hermann 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.