

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6584**
1746

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's 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) _____
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4203 Russell /** STREET ADDRESS (If rural, give location) **2179 4203 Russell**

3. NAME OF DECEASED (Type or Print) a. (First) **FRED** b. (Middle) **B** c. (Last) **VILLMER** 4. DATE OF DEATH (Month) (Day) (Year) **Feb 21 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug 6 1871** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Switchman** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Benjamin Villmer** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Rose Villmer**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Rose Villmer** ADDRESS **4203 Russell**

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Chr. arteriosclerotic Heart Disease**
ANTECEDENT CAUSES: _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **None**
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **8 yrs**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) (STATE) **— — —**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **— — — —** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **—**

22. I hereby certify that I attended the deceased from **8 Jan 1954** to **23 Nov 54**, that I last saw the deceased alive on **23 Nov 1954**, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above. **H200**

23a. SIGNATURE **Frank Cleary** (Degree or title) **MD** 23b. ADDRESS **1935 Park** 23c. DATE SIGNED **22 Feb 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Feb 24 55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **DeSoto Mo**

DATE REC'D BY LOCAL REG. **FEB 23 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **E.J. Schnur** ADDRESS **3125 Lafayette**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *379*

P. O. Address *325 Lytle*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.