

Registration District No.

760A Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH
(a) County St Charles
(b) City or town Wentzville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 72-6-1

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County St Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Alma Wilmer Ull

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin H Wilmer 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan 4 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Paris, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

12. Name Bon Berkmann

13. Birthplace New Melly, Mo (City, town, or county) (State or foreign country)

14. Maiden name Peters

15. Birthplace Paris, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Wilmer

(b) Address Wentzville, Mo.

17. (a) Burial (b) Date thereof 7-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director T. J. ...

(b) Address Wentzville, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1940 hour P minute. M.

21. I hereby certify that I attended the deceased from May, 1939, to July, 1940, that I last saw her alive on July 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death - Carcinomatosis Primary in Ovary.

Due to

Due to 49

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Murray (M. D. or other) MD

Address Wentzville Date signed 7/6/40

FEB 11 1945

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2741*

P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

