DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27303

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7199

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Leadwood NR
(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 Wilmont, Murl Lillian 455

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Wilmont

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August (Month) 25 (Day) 1898 (Year)

8. AGE: Years 42 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Galena (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Angelo Ferriera
13. Birthplace Springfield (City, town, or county) ILL. (State or foreign country)

MOTHER
14. Maiden name Loda Hammond
15. Birthplace Caroline (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Farmer
(b) Address Electra Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG 26 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1940 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7-28-40, 19 , to 8-25, 1940
that I last saw her alive on 8-25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Probably obstruction of intestine + cachexia

Due to Regional Ileitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Large granulomas of Caecum + involvement of ileum + colon
Non malignant
Of autopsy None

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

23. Signature Vesley A Barton (M. D. or other)
Address BARNES HOSPITAL Date signed 8-25-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Albert E. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.