

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7686
Do not use this space.

FILED MAR 2 1942

1. PLACE OF DEATH
 (a) County St. Charles Registration District No. 228A
 (b) Township Levy Primary Registration District No. _____ Registered No. _____
 or Wentzville
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Antone Fred Wilmes
 (a) Residence, No. Wentzville Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Proseus Wilmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	8	6	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville, Mo

FATHER
 13. NAME Fredrick Wilmes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

MOTHER
 15. MAIDEN NAME Pelldewart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

17. INFORMANT (ADDRESS) Ebige Petherick Wentzville

18. BURIAL, CREMATION, OR REMOVAL PLACE Josephville Mo DATE Dec 9 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. P. Peterson Wentzville Mo

20. FILED 2/9-42 Gertrude S. Ferrell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ to Dec. 5, 1941
 I last saw him alive on _____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration
Chronic cholecystitis
 Date of onset _____

Other contributory causes of importance:
938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) W. M. Wilmes, M. D.
 (Address) Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FORM 3-17-38 I X16625

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.....

P. C. Sullivan

Licensed Embalmer No. *2711*

P. O. Address.....

Wentzville, 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, above space should be left blank.