

BUREAU OF VITAL STATISTICS
FILED APR 10 1947Registration District No. **366**Primary Registration District No. **6244**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Washington**
 (b) City or town **Old Mines**
 (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 _____ (Specify whether
 In this community **1 yr.** years, months or days)

3. (a) PRINT FULL NAME: **Gerald L. Vilmar**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 15 1946**
(Month) (Day) (Year)8. AGE: Years **1** Months **0** Days **0** If less than one day _____ hr. _____ min.9. Birthplace **Old Mines Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **John Vilmar**
 13. Birthplace **Old Mines Mo.** (City, town, or county) (State or foreign country)
 14. Maiden name **Edna Thebeau**
 15. Birthplace **Old Mines Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **John Vilmar**(b) Address **Vadet Mo. R.1**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4 17 47** (Month) (Day) (Year)(c) Place: burial or cremation **Old Mines**18. (a) Signature of funeral director **Boyer Funeral Home**(b) Address **Potosi Mo.**19. (a) **5-7-47** (Date received local registrar) (b) **Mrs G. F. Cresswell** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington**
 (c) City or town **Old Mines** (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **16** year **1947** hour **11** minute **45 P.M.**21. I hereby certify that I attended the deceased from **April 10 1947** to **April 15 1947** that I last saw him alive on **April 15 1947** and that death occurred on the date and hour stated above.

Immediate cause of death.

Lobar Pneumonia
Due to **following**Due to **Infection in**
neck throat

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy **108**

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 _____

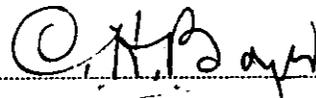
Signature **W. F. Cresswell** (M. D. or other) **4/17/47**
Address **Potosi Mo.** Date signed _____

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. **4158**

P. O. Address **Potosi Mo.**

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 8

Registration District No. 366

Primary Registration District No. 6244

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Old Mines
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gerald J. Valina
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town or county) _____ (State or foreign country) MO

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) May 7 47 (b) Mrs. G.F. Creange
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Year 1947 floor _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

880

10289

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