

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10805
State File No. 2845
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079
d. FULL NAME OF HOSPITAL OR INSTITUTION 4844 Northland Ave.			STREET ADDRESS (If rural, give location) 4844 Northland Ave.		
3. NAME OF DECEASED a. (First) Mollie		b. (Middle) ---	c. (Last) Wilmes		4. DATE OF DEATH (Month) (Day) (Year) Mar. 26 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 1 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis /) Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Frank Wilmes		13b. MOTHER'S MAIDEN NAME Amelia Sanborn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Knott, 4844 Northland Ave		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 6 m. day For years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 1946 to Feb 26 , 1951, that I last saw the deceased alive on Feb 16 , 1951, and that death occurred at 1:10 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Bertha Knott M. R. D.			23b. ADDRESS 4701 St. Louis Ave		23c. DATE SIGNED 3-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/28/51	24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 27 1951 J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.			

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

Dr. P. A. Eok,
4701 St. Louis Ave.

(925-12)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Albert R. Thompson*

Signed.....
Student Embalmer No.....

Licensed Embalmer No. *4237*

P. O. Address *H. Saub*

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, fact should be so stated above.