.S. No. 300
Rv. 10.48

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14918

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4232

0

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

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)* St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belleville 8120
d. STREET ADDRESS (If rural, give location) 24 N. 98th Street 8

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Leonard
c. (Last) Wimmer

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7
8. DATE OF BIRTH Dec. 26, 1875
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 4 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Bldg. Contracting
11. BIRTHPLACE (State or foreign country) Munich Bavaria 8
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Wimmer
13b. MOTHER'S MAIDEN NAME Theresa Hausmann
14. NAME OF HUSBAND OR WIFE Mary Garwick (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. XX
17. INFORMANT'S SIGNATURE OR NAME Wm L. Wimmer Jr. ADDRESS Belleville, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis Gen. Arthritis deformans

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 491X

22. *I hereby certify that I attended the deceased from* Jan 19, 1951, *to* May 3, 1951, *that I last saw the deceased alive on* May 3, 1951, *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph W Larimore M.D. (Degree or title) 0
23b. ADDRESS 3720 Washington Ave
23c. DATE SIGNED 5/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE May 5, 1951
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
24d. LOCATION (City, town, or county) Belleville (State) Illinois

DATE REC'D BY LOCAL REG. MAY 4 1951
REGISTRAR'S SIGNATURE J. B. Kasater
25. FUNERAL DIRECTOR'S SIGNATURE H. G. Kurrus Jr. ADDRESS E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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. Not Embalmed

Student Embalmer No.....

Signed.....

Student Embalmer

Signed C G Kurrus Jr

Licensed Embalmer No. 3162

P. O. Address E St Louis Ill

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.