No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14049

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3904

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: New Haven
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 0360 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Lena
c. (Last): Wilmesherr

4. DATE OF DEATH (Month) (Day) (Year): April 30 55

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2, 1902

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hat Factory Employee

10b. KIND OF BUSINESS OR INDUSTRY: Hat Industry

11. BIRTHPLACE (City and State or Foreign Country): Beaufort Mo.

12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: Henery E. Eggert

13b. MOTHER'S MAIDEN NAME: Regina Becker

14. NAME OF HUSBAND OR WIFE: Andrew Wilmesherr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE OR NAME: Andrew Wilmesherr
ADDRESS: New Haven Mo.

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): Subacute Yellow Atrophy of Liver - cause undetermined — INTERVAL BETWEEN ONSET AND DEATH: ?

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.: Diabetes Mellitus — ?

19a. DATE OF OPERATION: 4/25/55

19b. MAJOR FINDINGS OF OPERATION: Cholecystitis with Cholelithiasis; Liver Atrophy

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?: 584 X

22. *I hereby certify that I attended the deceased from* April 13, 1955, *to* April 30, 1955, *that I last saw the deceased alive on* April 30, 1955, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE X [signature] (Degree or title): M. D.

23b. ADDRESS: 634 N. Grand Blvd.

23c. DATE SIGNED: 5-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 30 55

24c. NAME OF CEMETERY OR CREMATORY: Trinty Lutheran Cem.

24d. LOCATION (City, town, or county) (State): New Haven Mo.

DATE REC'D BY LOCAL REG.: MAY 2 1955

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: L. C. Fertig
ADDRESS: New Haven, Missouri.

(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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Robert M. Murr

3749
Licensed Embalmer No.....

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.