

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37900

State File No. 1
Registrar's No. 1

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6077</u>		State File No. <u>1</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY <u>St Charles</u>					a. STATE <u>MO</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cuirre</u>			c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Wentzville</u>			b. COUNTY <u>St Charles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____					d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED					4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Aloysius Theodore</u>					b. (Middle) _____				
c. (Last) <u>Wilmes</u>					4. DATE OF DEATH <u>Nov 16 1955</u>				
(Type or Print)									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 25 1882</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wentzville MO RR</u>		9. AGE (In years last birthday) <u>73</u>		if UNDER 1 YEAR Days <u>1</u> if UNDER 4 HRS. Min. <u>19</u>	
13a. FATHER'S NAME <u>Frank Wilmes</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bertram Elizabeth Wilmes</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wilmes Wentzville MO</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>334X</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Wilmes Wentzville MO</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>334X</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Wilmes Wentzville MO</u>			
18. CAUSE OF DEATH					MEDICAL CERTIFICATION				
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES				
					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
					DUE TO (b) <u>Essential hypertension</u>				
					DUE TO (c) _____				
					II. OTHER SIGNIFICANT CONDITIONS				
					Conditions contributing to the death but not related to the disease or condition causing death.				
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>11/2</u> , 19 <u>55</u> , to <u>11/16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/16</u> , 19 <u>55</u> , and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. C. Mc Murray MD</u>					23b. ADDRESS <u>Wentzville MO</u>			23c. DATE SIGNED <u>11/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>			24d. LOCATION (City, town, or county) (State) <u>Josephville MO</u>		
DATE REC'D BY LOCAL DEPT. <u>Nov. 21 1955</u>		REGISTRAR'S SIGNATURE <u>Marion P. Guff</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. PITMAN</u> ADDRESS <u>Funeral Home Wentzville</u>				

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Annitta M. Thomas*

Licensed Embalmer No. *305*

P. O. Address *New York*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.