DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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FILED VS JUN 9 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5433 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 18 yrs.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA City Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4145 California Avenue — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JULIUS Middle H. Last WILMESHERR

4. DATE OF DEATH: Month May Day 23, Year 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/23/1899

9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Church & schools

11. BIRTHPLACE (City and state or country): Washington, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Fred Wilmesherr

13b. MOTHER'S MAIDEN NAME: Anna Voght

14. NAME OF HUSBAND OR WIFE: Viola Stolle

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

16. SOCIAL SECURITY NO.: 489-16-8095

17. INFORMANT: Mrs. Viola Wilmesherr, Address: 4145 California

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Strangulation by hanging — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 974x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hem deceased hanged

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 5 23 60 self in basement of Home May 23 1960

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION: St Louis COUNTY Mo STATE

21. I attended the deceased from 620 P. to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Quinn Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 5-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: May 26, 1960

23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H.INC., ADDRESS: 1936 St.Louis Ave.

25. DATE RECD. BY LOCAL REG.: MAY 25 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

CORONER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Homer U. Jri

Signature of Student Embalmer

Licensed Embalmer No. 3882

P. O. Address H. Fran

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.