REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18601
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson
(b) Township Meramec
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 425
Primary Registration District No. 5580
Registered No. 11-73

2. PRINT FULL NAME James Ernest Wilkerson 4
(a) Residence, No. 6971 Hunter Ave St. St Louis Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1918.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
20	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6 mos ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER
13. NAME Jesse Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville, Mo.

MOTHER
15. MAIDEN NAME Philomena Stauder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Jesse A. Wilkerson 6971 Hunter Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul Cem St. Louis, Mo. DATE June 2, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gebkin L. & Co. 2842 Meramec St. St. Louis, Mo.

20. FILED 5/30 38 James A Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ ....., ~~19~~ to ....., ~~19~~
~~I last saw~~ h..... ~~alive on~~ ....., ~~19~~ ..... ~~Death is said~~
to have occurred on the date stated above, at 1:30 P m.
~~The principal cause of death and related causes of importance were as follows:~~

Date of onset

By Inquest duties on May 30, 1938.
Verdict of jury was accidental drowning in Big River

Other contributory causes of importance:
at Dunn-Bymes Mill
while in swimming

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank Frazier Coroner M.D.
(Address) Festus Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

#11-73
425-

1416 W. Taylor

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, ...

Herman A. Gebken ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.