

REC'D OCT 12 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
100830495  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City..... St. Louis, Mo. (d) Street No. Saint Louis Maternity Hospital 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.

Registered No. 79322. PRINT FULL NAME Wilkerson, Infant

(a) Residence, No. 4440 Lindell Boulevard St. 19  
 (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 "B" 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6'10" per  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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)  
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Wilkerson, Leo Harry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville, Mo.

MOTHER 15. MAIDEN NAME Doyle, Dorothy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Leo Harry Wilkerson  
4440 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ. DATE 8-15

19. FUNERAL DIRECTOR (ADDRESS) Dept. of Pathology  
Wash. Univ.

20. FILED SEP - 8 1938 J. F. Beckler Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 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 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

Stillborn, premature  
20 weeks gestation.  
Placental rupture of membranes  
Other contributory causes of importance:  
Spontaneous, acute

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... 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.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) W. E. Patten, M. D.  
 (Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**