REC'D FEB 10 1939

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

65
Do not use this space.

791
1003
65

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 65

(c) City St. Louis Children's (d) Street No. 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 4 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME YVONNE WILKERSON

(a) Residence, No. 7574 Olive St. N.R. University City, 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-32.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

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 Virgil Wilkerson

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

MOTHER

15. MAIDEN NAME Mildred Norquay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT J. McDowin
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem., Jan. 4/39.

19. FUNERAL DIRECTOR (NAME) Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED JAN 3 1939 J. D. Brubeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-38, 19, to 1-1-39, 19

I last saw h. C.R. alive on 1-1-39, 19. Death is said to have occurred on the date stated above, at 12 30 a. m.

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

	Date of onset
Laryngeal Diphtheria?	8 days
Strep laryngitis	12/24/38

Other contributory causes of importance:

Diphtheritic Myocarditis	
Laryngeal obstruction	1 day 12/29/38

Name of operation Tracheotomy Date of 12/31/38

What test confirmed diagnosis? ~~Culture~~ not made Was there an autopsy? Yes

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) C. J. Slaughter, M. D.

(Address) 500 S. Kingshighway

(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.

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 .....

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

Signed Jno. N. Clark

Licensed Embalmer No. I66I

P. O. Address II25 Hodiamont Ave.,

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

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