DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34630

Registration District No. 791 1002 Primary Registration District No. Registrar's No. 9168

REC'D NOV 3 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 5611a Cabanne (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Benjamin Franklin Wilkinson 425

3. (b) If veteran, name war ---

3. (c) Social Security No. 495-14-5971

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Wilkinson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 7 (Day) 1862 (Year)

8. AGE: Years 77 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Se'cy-Treas. 4

11. Industry or business Losse Tailoring Co. 1

FATHER
12. Name William Wilkinson 6
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Theresa Swank
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs B. F. Wilkinson

(b) Address 5611a Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar

19. (a) OCT 26 1939 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 1939 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 14, 1939, to Oct 25, 1939; that I last saw him alive on Oct 25, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory failure	1 day
Due to post operative	
Due to Carcinoma transverse colon c̄ complete obstruction	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma colon - obstruction.	
Of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. B. Bassett (M. D. or other) 1

Address 5427 Delmar Date signed 10-26-39

(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.

Sir R Barrett

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 Jos E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

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

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