

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 731 Primary Registration District No. 2030

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:  
3901 Hartford St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

NOV 13 1939

3. (a) PRINT FULL NAME Ida Wilkinson 425

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. Wilkinson 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec 22 1874  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nathaniel Phillips

13. Birthplace Boston Mass  
(City, town, or county) (State or foreign country)

14. Maiden name Maxine Hill

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Natalie Wilkinson

(b) Address 3901 Hartford St.

17. (a) Burial (b) Date thereof 10-30-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) OCT 28 1939 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis 3901 Hartford  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th  
year 1939 hour 9 minute Am M.

21. I hereby certify that I attended the deceased from Jan 1 1922, 1922, to Oct 27 1939, 1939

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Paralytic Ophthalmia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions In an hour  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C. H. Jackson (M. D. or other) \_\_\_\_\_

Address Humboldt Alley Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Nelson  
Humboldt Bldg.  
At 1 P.M.

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**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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

**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.)**

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