

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. **207**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **2**  
(a) County **1003**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **3101 Norwood**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **1**  
(c) City or town **St. Louis**  
(d) Street No. **3101 Norwood**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_

3. (a) PRINT FULL NAME **Louise S. Wilkinson**  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **James S. Wilkinson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 3 1864**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **28** year **1939** hour **7** minute **45 P** M.  
21. I hereby certify that I attended the deceased from **Oct 21 - 1939** to **Nov 28, 1939**  
that I last saw her alive on **Nov 28, 1939** and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **6** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **St. Louis Mo.**  
10. Usual occupation **Housewife**  
11. Industry or business **Home**  
12. Name **Jacob Strassheim**  
13. Birthplace **Germany**  
14. Maiden name **Katherine Hess**  
15. Birthplace **Germany**

Immediate cause of death **Chronic Interstitial Nephritis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **as above**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature **Gladys L. Wilkinson**  
(b) Address **3101 Norwood**  
17. (a) **Burial** (b) Date thereof **Dec. 1-1939**  
(c) Place: burial or cremation **Valhalla Cem.**  
18. (a) Signature of funeral director **Drehmann Harral**  
(b) Address **1905 Union Blvd.**  
19. (a) **NOV 20 1939** (b) **J. B. Brebeck**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **W. N. White** (M. D. or other) **MD**  
Address **2803 N. Loop Highway** Date signed **11-27-39**

1-2-1  
2801 W. 11th St  
Lawrence, Mo.

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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: R. M. Sanford  
Licensed Embalmer No. 2273  
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.**