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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30147

Registration District No. 791 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 7424

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: Christian Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Hours
(Specify whether years, months or days)

In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

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

(d) Street No. 4418 Blair
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 Years years.

3. (a) PRINT FULL NAME Elizabeth Wilkerson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Wilkerson

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

7. Birth date of deceased Aug. 8, 1860
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	24	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Cunningham
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Kilcullen.
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Ellington
(b) Address 818 Angelica.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge.

19. (a) SEP 4 1940 (Date received by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1940 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Compound Fracture both legs; Fracture 6th & 7th ribs; suffered when struck by Plymouth
Due to Sedan driven by one, John Mahon, at Broadway and Bissell about 8:30 P.M
Due to September 1st, 1940.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident
(b) Date of occurrence September 1st, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Coroner Date signed 9-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382.

P. O. Address.....

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.