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223159

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7617

FILED OCT 25 1940

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 13 years
years, months or days)

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. Logan Hotel (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Beatrice Kester Wilkinson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 3 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter G. Wilkinson

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

14. Maiden name Sara Foltz

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

16. (a) Informant Beatrice Wilkinson

(b) Address 3841 McDonald

17. (a) Burial (b) Date thereof 9/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) SEP 11 1940 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7,
year 1940 hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from September 3, 1940 to September 7, 1940;
that I last saw her alive on September 7, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Multiple Skin Abscesses
Syphilis
Morphine Addiction
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 34

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? _____

While at work _____ (Specify type of place)
(1) Means of injury _____
Signature J. P. Braddock (M. D. optional)
Address 1515 Lafayette Ave., Date signed 9/11/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

not Embalmed

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.....

Licensed Embalmer No.....

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, fact should be so stated above.