

3-40  
7-39

OCT 10 1940 754  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 1699

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6440 Wells Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Wiley Richard Pilkenton

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elize

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 25 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farmer

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

12. Name Robert Pilkenton

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

14. Maiden name Lavina Harp

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

16. (a) Informant Mrs. Eliza Pilkenton

(b) Address 6440 Wells Ave.

17. (a) Removal (b) Date thereof 9-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP - 8 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston  
(If outside city or town limits, write "RURAL")

(d) Street No. 6440 Wells Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7<sup>th</sup>  
year 1940 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1940  
to Sept 7<sup>th</sup>, 1940  
that I last saw him alive on Sept 6<sup>th</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung 2<sup>+</sup> months

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

Due to 471

Other conditions (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? 70'

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wilbur J. Hoke (M. D. or other)

Address 4278 Natural Bridge Date signed 9/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*Albert G. Hopper*

Licensed Embalmer No. 2971

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.**