

No. 2  
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17-39  
X2149Z

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34199

8896

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

1. PLACE OF DEATH:

(a) City or town St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Mary's Infirmary  
(d) Length of stay: In hospital or institution 25 Years  
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 214 South Garrison  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 40 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept 1 to Oct 25, 1940  
that I last saw him alive on Oct 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Aneurysm Duration \_\_\_\_\_

Due to Sues

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

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature W. Young (M. D. or other) \_\_\_\_\_  
Address 2316<sup>th</sup> Market Date signed 10/28/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Myles Wilkinson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 28 1898  
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Masseurist

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

12. Name Myles Wilkinson

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

14. Maiden name Fannie Mc Ghee

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

16. (a) Informant Hattie Shaw  
(b) Address 4436 C Wright

17. (a) Burial (b) Date thereof 40-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Love  
(b) Address 3103 Washington Blvd.

19. (a) OCT 29 1940 (b) J. Braddock  
(Date received local Registrar) (Registrar's signature)

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

**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 *McLain Blackburn*

Licensed Embalmer No. *3962*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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