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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 1491

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 201

Registrar's No. 201

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

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: Majestic Hotel 11th Pine St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Abt 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 North 10th St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Etta Avery Wilkerson

3. (b) If veteran, name war S.C. # 494-09-0421 3. (c) Social Security No. ~~UNKNOWN~~

4. Sex female 3 | 5. Color or race Col. | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1901 (Year)

8. AGE: Years 39 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Winstem Salem (City, town, or county) & South Carolina (State or foreign country)

10. Usual occupation Maid

11. Industry or business Majestic Hotel

MOTHER FATHER
12. Name UnKnown
13. Birthplace UnKnown (City, town, or county) & UnKnown (State or foreign country)

MOTHER FATHER
14. Maiden name UnKnown
15. Birthplace UnKnown (City, town, or county) & UnKnown (State or foreign country)

16. (a) Informant Jerry Pitts
(b) Address 217 N Spring Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Bernie Lane
(b) Address 2103 Washington Ave

19. (a) JAN 9 1941 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1941 hour 3:00 minute 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 Coronary Sclerosis (Thrombus) Chronic Aortitis Cause undetermined

Due to Chronic Parenchymatous Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations
Of autopsy

Duration

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)
(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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 1/8/41

(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 Melvin 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.