

FEB 25 1941
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Marys Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 12 hours
(Specify whether
 In this community..... Unavailable
years, months or days)

3. (a) PRINT FULL NAME..... Gladys Wilks

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

4. Sex..... Female 5. Color or race..... Negro 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Willie Wilks 6. (c) Age of husband or wife if alive..... 26 years

7. Birth date of deceased..... January 15, 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>5</u>	<u>22</u>	<u>-</u>	<u>9</u>	hr. min.

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

10. Usual occupation..... Maid

11. Industry or business..... St. Marys Infirmary

MOTHER FATHER { 12. Name..... Henry Jefferson

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

14. Maiden name..... Mae Ellen Davis

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

16. (a) Informant..... Henry Jefferson
 (b) Address..... 1213 Missouri Avenue

17. (a) Burial (b) Date hereof..... 1-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Washington Park Cemetery

18. (a) Signature of funeral director..... Walter Halls
 (b) Address..... 4107 Finney Avenue

19. (a) JAN 27 1941 (b) J. W. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 200
 (c) City or town..... Saint Louis, 2217
(If outside city or town limits, write "RURAL")
 (d) Street No..... 1213 Missouri Avenue
(If rural, give location)

Attending Physician years..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 24
 year..... 1941 hour..... 11 minute..... A. 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..... Internal hemorrhage from tubal pregnancy

Due to..... AKIND

Due to..... 142

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).....
 (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) (b) Means of injury..... 3

23. Signature..... Walter Halls (M. D. or other)
 Address..... 4107 Finney Avenue Date signed..... 1/27/41

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.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.