

5-14-41  
5-17-39  
PI X26390

FILED NOV 21 1941  
Registration District No. **104791**

Primary Registration District No. **1020**

Registrar's No. **7968**

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17  
9  
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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 5391 Pershing Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth J. Wilkins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife J. J. Wilkins

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

7. Birth date of deceased April 7, 1849  
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation nil

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

MOTHER FATHER { 12. Name Joseph N. Peyton

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

14. Maiden name Unknown

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

16. (a) Informant Felix Coste

(b) Address New York City

17. (a) Burial (b) Date thereof 10/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemtry

18. (a) Signature of funeral director Louis J. Bopp, Inc

(b) Address Kirkwood, Mo.

19. (a) 061 1941 (b) J. J. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 1941 to Oct 5 1941  
that I last saw her alive on Oct 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of colon  
Duration 8 mos

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

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? \_\_\_\_\_ (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) Means of injury \_\_\_\_\_

23. Signature L. J. Bredbeck (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 10/7/41

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

*Louis H Popp*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis H Popp*

Licensed Embalmer No. *221*

P. O. Address *Hubwoods*

**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.**