

Registration District No. 7911

Primary Registration District No. 1003

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:  
Frisco Employees Hosp Association  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
Specify whether \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SE  
(c) City or town Kirkwood NR 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 119 Electric St  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Wilkinson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-03-9263

4. Sex M race W 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 26 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Crossing Flagman

11. Industry or business Frisco Railroad

12. Name Newton, Wilkinson

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

14. Maiden name Susie Ferguson

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

16. (a) Informant Patient

(b) Address 119 Electric St Kirkwood

17. (a) Removal (b) Date thereof 12 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STEELVILLE MO

18. (a) Signature of funeral director Alvan de Loos

(b) Address 6170 P Elligan Blvd.

19. (a) DEC 31 1944 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30  
year 1944 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12/29/44  
to 12/30, 1944;  
that I last saw him alive on 12/30/44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure Duration 24hrs

Due to Chronic myocarditis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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 Louis G. Kraft, M.D. (M. D. or other) \_\_\_\_\_

Address Frisco Hosp. Date signed 12/30/44

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

30  
112  
S

44

FEB 10 1942

MAY 4 1942

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 *Geo. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6173 Dilman*

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, above space should be left blank.