

FILED FEB 24 1942

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 St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 28 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lydia E. Wilkinson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife John Wilkinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 9 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John McCoy

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

14. Maiden name Mary Monroe

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

16. (a) Informant McCoy Wilkinson

(b) Address 34 Oak Bend Court

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) JAN 4 1942 (b) G. J. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. 34 Oak Bend Court
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1942 hour 2 minute 15 PM.

21. I hereby certify that I attended the deceased from December 16th 1941 to January 2 1942;
that I last saw her alive on January 1st 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous
Salivary Gland Duration 10 days
Due to Type XVI

Due to _____
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) (e) Means of injury _____
23. John H. ... (M. D. or other)
Address 2934 South Grand Ave. Date signed 1/3/42

[Handwritten signature]

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.....
[Handwritten signature]
Licensed Embalmer No. 1991
P. O. Address.....

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.