

S. No. 2
M-1-4-41
y. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37120 ✓

State File No. _____

FILED FEB 11 1942

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 822

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin Mo

(c) Name of hospital or institution: Pinecrest Nursing Home
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Chesterfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME PHILIP WILKERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1942 hour 4:45 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 8 1942 to Jan 15 1942
that I last saw him alive on January 14 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color of hair B 6. (a) Single, widowed, married, divorced Single

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

Immediate cause of death _____
Chronic myocarditis
Chronic nephritis
Due to Hemiplegia (cerebral hemorrhage) 1941

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

AGE:	Years	Months	Days	If less than one day
<u>Feb 7</u>	<u>1</u>			hr. _____ min. _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

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

10. Usual occupation Farmer

Due to _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ella Bopp

(b) Address Pinecrest Nursing Home

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) _____ (b) Date thereof 15-1-42
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation W. Kelly

18. (a) Signature of funeral director _____

(b) Address 3500 P. St.

(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 _____

JAN 30 1942

19. (a) _____ (b) C. J. McDevon
(Date received local registrar) _____ (Registrar's signature)

23. Signature B. R. Loving (M.D. or other) MD

Address Ballwin, Mo. Date signed 1-15-42

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.....

Licensed Embalmer No.....

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.