

FILED JAN - 5 1943  
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Stone Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Approx. 3 1/2 yrs  
(Specify whether Life)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 5717 Cates Avenue  
(If rural, give location) 95  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no 0

3. (a) PRINT FULL NAME EMILY J. WILKINS  
(b) If veteran, name war NO  
(c) Social Security No. NO

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
(b) Name of husband or wife John S.  
(c) Age of husband or wife if alive dec. years  
7. Birth date of deceased 6 15 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>13</u>	hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Armstrong Gamage  
13. Birthplace Bristol Maine  
(City, town, or county) (State or foreign country)  
14. Maiden name Ephama McLean  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John A. Wilkins  
(b) Address 5565 Cates Ave

17. (a) Burial (b) Date thereof 12-30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sans  
(b) Address 6175 Delmar Blvd

19. (a) DEC 28 1942 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 28  
year 1942 hour 12 minute 05A M.  
21. I hereby certify that I attended the deceased from May 14 1942 to Dec 28 1942  
that I last saw on alive on Dec 21 1942  
and that death occurred on the date and hour stated above

Immediate cause of death Chronic hypertensive heart disease with cerebral hemorrhage  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death) Senility  
Major findings: none  
Of operations none  
Of autopsy none  
Duration \_\_\_\_\_  
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)  
Means of injury \_\_\_\_\_  
23. Signature J. W. Northrup (M. D. or other) M.D.  
Address 740 S. 4. Date signed 12/28/42

Dr. G. R. Northrup - 4/6/25-00  
740 S. 4th - Gal 1923

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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 James E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Delmar  
Delmar, DE

**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.