

S. No. 2
M-5-42
7. 5-17-39
X32873

39483

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 29 1942

Registration District No. 218 Primary Registration District No. 100 Registrar's No. 10545

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: St. John's Hospital
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3901 Hartford St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William W. Wilkinson
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 16th
year 1942 hour 11 minute _____ A.M. M.

4. Sex Male 5. Color or race White 6. (d) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Ida Wilkinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec. 22nd 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/5/42
12/16/42 19____ to _____ 19____;
that I last saw him alive on 12/16/42 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 11 24 hr. _____ min.

Immediate cause of death _____ Duration _____
Due to Myocardial Infarction
Due to Arterio Sclerosis

9. Birthplace Calhoun County Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Marine Engineer
11. Industry or business retired 10 years

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER } 12. Name Elijah Wilkinson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Unknown
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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

16. (a) Informant Natalie O. Wilkinson
(b) Address 3901 Hartford St.
17. (a) Burial (b) Date thereof 12-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) DEC 17 1942 (b) J. F. Ordeck
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature C. H. Nelson (M. D. or other) _____
Address Huntwood Bldg Date signed _____

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

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 Edwin R. M. Bennett

Licensed Embalmer No. 3024

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.