

OCT 19 1943

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. **8831**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community 27 years
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Chester Wilkins

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Bell 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Unavailable Abt. 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 39 -- -- hr. min.

9. Birthplace Shelby County, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Asbury Wilkins
13. Birthplace Unavailable, Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Figues
15. Birthplace Unavailable, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Bell Wilkins
(b) Address 3648a Finney Avenue

17. (a) Burial (b) Date thereof Oct. 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Charles J. Gates

(b) Address 06407 Finney Avenue

19. (a) 0676 1943 (b) J. P. Pudelek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")
(d) Street No. 3648a Finney
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1,
year 1943 hour 8 minute 33 P. M.

21. I hereby certify that I attended the deceased from September
12, 1943 to October 1, 1943
that I last saw him alive on October 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Neurosyphilis Indef.
Duration

Due to.....

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) (c) Means of injury.....

23. Signature J. P. Pudelek (M. D. or other) 0
Address 2607 W. 11th Date signed 10/4/43

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

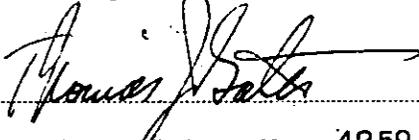
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates,

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. **4259**

P. O. Address. **4107 Finney Avenue**

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.