

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5886**
Registrar's No. **1222**

Registration District No. **87311-348**

Primary Registration District No. **1003**

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:
3617 A Gasconade /
(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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3617 a Gasconade (If rural, give location) 915
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John H. Wilkens
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 8
year 1944 hour 7 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: Dec. 12 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-4-44 to 2-7-44
that I last saw him alive on 2-7-44
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to arterio sclerosis
Duration 10 days

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

Other conditions (Include pregnancy within 3 months of death) 83

10. Usual occupation Retired

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bernard J. Wilkens
(b) Address 3617 a Gasconade
17. (a) Burial (b) Date thereof 2/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Old SS. Peter & Paul
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 South Grand
19. (a) FEB 10 1944 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
(e) Means of injury 8
23. Signature J. F. Bruesch (M. D. or other) _____
Address 3958 J. Brown St. Date signed 2/8/44

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 Howard B. Rowland

Licensed Embalmer No. 3114

P.O. Address Thomas Md

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.