

FILED FEB 28 1944
Registration District No. _____

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

Richmond Heights

- (a) County _____
- (b) City or town St. Louis County
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Mary Hospital Clayton
(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

8. (a) PRINT FULL NAME William Wilkerson

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

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

7. Birth date of deceased APRIL 7 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Pinkneyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name J. Wilkerson

13. Birthplace MO unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Junkman

15. Birthplace MO unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Moore

(b) Address 1815 Cass ave

17. (a) RE MOVED (b) Date thereof 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinkneyville, Mo.

18. (a) Signature of funeral director Central Calender Co

(b) Address 1841 Cass ave

19. (a) FEB 23 1944 (b) E. J. Mc Gowan, MD
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ill (b) County 11
- (c) City or town Pinkneyville 0
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2/19, 1944, to 2/23, 1944; that I last saw him alive on _____, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Coronary Disease
Due to arterio sclerosis

Due to Senility

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

Major findings: Of operations _____

Of autopsy su

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

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence 2/23/44
- (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 3

23. Signature Peace Peaty (M. D. or other) _____
Address 6125 Barber Date signed 2/23/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

John Agnoski

Licensed Embalmer No. 3398

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, above space should be left blank.