. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15710

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 4753

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3815 Louisiana Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16
(d) Street No. 3815 Louisiana (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry S Wilkins

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased Sept (Month) 11 (Day) 1879 (Year)

8. AGE: Years 65 Months 8 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Orderly

11. Industry or business City Sanitarium

FATHER
12. Name Stephen Wilkins
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Anna Hibbeler
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Anna Haynes
(b) Address 3815 Louisiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 30 (Day) 45 (Year)
(c) Place: burial or cremation Old St Peter Paul

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) MAY 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1945 hour 2.30 AM minute M.

21. I hereby certify that I attended the deceased from September 14th, 1943, to May 27, 1945; that I last saw him alive on May 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral regurgitation — Duration: 20 months

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Albert G. Gerhardt (M. D. or other)
Address 3454 Chippewa Date signed 5/29/45

(Licensed Embalmer's Statement on Reverse Side)

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 D. McDermott

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.