

FILED AUG 27 1946
Registration District No. 317

Primary Registration District No. 6076

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. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 yr. 1 mo. 20 days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. CHARLES WILKINS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 17 hr. _____ min.

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

10. Usual occupation Leather and shoe

11. Industry or business _____

MOTHER FATHER } 12. Name John T. Wilkins
13. Birthplace Pekins Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane McEvoy
15. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Wareneke
(b) Address 5370 Pershing Ave.

17. (a) Burial (b) Date thereof 8-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 8-20-46 (b) E. J. McEvoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1946 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to Aug 19 1946
that I last saw him alive on Aug 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to Acute myocardial infarction 2 days

Due to _____
Other conditions (include pregnancy within 3 months of death) Organic Psychosis

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) _____
(e) Means of injury _____
23. Signature E. J. Pauet (M. D. or other) M.D.
Address 7300 St. Charles Rock Rd. Date signed 8-19-46

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

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27225

DEC 17 1948

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.