

No. 2  
-12-45  
-17-39  
X47070

FILED NOV 7 1946

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9115**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 318 a So Montrose  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Wilkins

3. (b) If veteran, name war 1-5

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
year 1946 hour 3 minute 30 A. M.

4. Sex Male 5. Color of race Negro

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

6. (b) Name of husband or wife Rebecca Wilkins

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 15, 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-18, 1946, to 10-21, 1946,  
that I last saw h. im alive on Oct. 21, 1946,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Uremia Associated with Chronic (Uremia - 3das) Glomerulonephritis.

Duration 3 days

9. Birthplace Ala. 1  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings:  
Of operations \_\_\_\_\_

11. Industry or business T. B. Salvage Co

Of autopsy No

12. Name Wash Shilling

Underline the cause to which death should be charged statistically.

13. Birthplace Ala. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Biddle

15. Birthplace Ala. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Wilkins

17. (a) Address 318 - Montrose Ave

18. (a) Signature of funeral director J. F. Bredeck

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) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Brown (M. D. or other) \_\_\_\_\_  
Address 2601 N Whitier Date signed 10/21/46

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.....

*M. E. Green*

Registered Apprentice No. *383*

working under my personal supervision.

Signed.....

*M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address. *3517 Sackville Ave*

**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.**