No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28330 7488

FILED SEP 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USING 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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
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. 4450 Enright Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Wilkes
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 31, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 21 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Pullman Porter
11. Industry or business
FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Robert Lee Johnson
(b) Address 4450 Enright Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/48 (Month) (Day) (Year)
(c) Place: bu[illegible] Washington Park Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) AUG 26 1948 (Date received local registrar) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1948 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from 8-19- 1948, to 8-22- 1948, that I last saw him alive on 8-22- 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to
Chr. myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 [illegible] (M. D. or other) MD
Address 3200 Lucas Avenue Date signed 8/25/48

Jefferson City Printing Co. (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 John K. Cunningham Registered Apprentice No. ....., working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.