

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39037

FILED DEC 4 1948

State File No. _____

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Lakewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7811 Fleta
(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

3. (a) PRINT FULL NAME John G Wilkinson

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, widowed

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

7. Birth date of deceased Nov 24 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 11 26 hr. _____ min.

9. Birthplace Nooman Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Edward Wilkinson

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

14. Maiden name Missouri Gotham

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Borchardt

(b) Address 7809 Fleta

17. (a) Burial (b) Date thereof 11/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7022 Gravois Ave.

19. (a) 11-23-48 (Date received local registrar) Edward L. Luning (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2713 96

(a) State Mo (b) County _____

(c) City or town Lakewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7811 Fleta
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1948 hour 4 minute 8 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1948, to Nov 20, 1948, that I last saw him in alive on Nov 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Nephritis 3 yrs

Hypertension 12

Due to urachias of liver 2

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? _____

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

Signature Walter Kelley (M. D. or other) _____

Address 9915 Gravois Ave. Date signed Nov 22/48

1140 301 124

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. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.