

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10756**

No. 300

10.48

FILED MAR 22 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1808**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 10 4299 St. Louis Ave.	

3. NAME OF DECEASED (Type or Print) Leroy Wilkins			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1879		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Wilkins		13b. MOTHER'S MAIDEN NAME Winnie Johnson		14. NAME OF HUSBAND OR WIFE Lola Wilkins	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Not Known	17. INFORMANT'S SIGNATURE OR NAME Lola Wilkins ADDRESS 4299 W. St. Louis Ave			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				Undetermined
*ANTECEDENT CAUSES	Undetermined			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)			
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from **Feb. 16, 1952**, to **Feb. 22, 1952**, that I last saw the deceased alive on **Feb. 22, 1952**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank D. Richards M.D. (Degree or title)	23b. ADDRESS 2601 N. Whittier Street	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 27 Feb 52	24c. NAME OF CEMETERY OR CREMATORY DAK DALE	24d. LOCATION (City, town, or county) (State) St Louis County Mo	
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DATE REC'D BY LOCAL REG. FEB 26 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Metropolitan Funeral ADDRESS 5010 Energy
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-m 93 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul V. Freeman

Licensed Embalmer No. _____

4686

P. O. Address _____

4585 Aldene

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.