

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **11071**

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3068** Registrar's No. **245**

1004

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b> <b>4534</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2130 Bellevue avenue</b>		d. STREET ADDRESS (If rural, give location) <b>53 2130 Bellevue ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Wilkerson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 27, 1952</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 10, 1859</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Knoblick, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Elias Williams</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Schrum</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Wilkerson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Homer Garner, 2130 Bellevue ave.</b>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural cause</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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"/>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert R. Domb</b> (Degree or title) <b>Comm. of Health 8</b>		23b. ADDRESS <b>651 S. Brentwood Clayton, Mo.</b>	
23c. DATE SIGNED <b>2/5/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 11</b>	
24b. DATE <b>Jan 28, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Farmington, Mo.</b>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozean Funeral Home, Farmington, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-30-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb MD</b>	

**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 Burt Johnson

Licensed Embalmer No. 1366

P. O. Address Storace, Mo

**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.**