

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23239

State File No. _____

BIRTH NO. 39485

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5485

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St, Louis Mo.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St, Louis</u>	2129
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u>		d. STREET (If rural, give location) <u>5125 Kensington Ave</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Michael</u>	b. (Middle) <u>Anthony</u>	c. (Last) <u>Wilkerson</u>	(Month) <u>May</u>	(Day) <u>29th</u>	(Year) <u>1953</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 22, 1952</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
					Months <u>11</u>	Days <u>7</u>	Hours <u>1</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>	11. BIRTHPLACE (City and State, Foreign Country) <u>St, Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ogie Wilkerson</u>	13b. MOTHER'S MAIDEN NAME <u>Ernestine, Martin</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ogie Wilkerson, 5125 Kensington,</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 <u>4343</u>

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 (Degree or title) <u>Dr. Henry Deputor</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>6/1/53</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>

DATE REC'D BY LOCAL REG. <u>JUN 2 1953</u>	REGISTRAR'S SIGNATURE <u>Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkins Bros. Und. Co.</u>	ADDRESS <u>3644 Finney</u>
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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 _____

John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.