

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39362

State File No. \_\_\_\_\_

FILED NOV 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9957**

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

1. PLACE OF DEATH a. COUNTY		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>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>13 5400 Arsenal Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillian</b> b. (Middle) <b>Martha</b> c. (Last) <b>Wilkinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 2, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 5, 1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co</b>	9. AGE (In years last birthday) <b>45</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 WKS: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ray E. Wilkinson</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Schuster</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>488-03-6337</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry E. Wilkinson, 7224 Gayola Ave</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sub-arachnoid hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Prolonged insulin reaction</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Broncho-pneumonia, bilateral</b>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>000 E944X</b>	
22. I hereby certify that I attended the deceased from <b>2-11</b> <b>19</b> <b>53</b> to <b>11-2</b> <b>1954</b> , that I last saw the deceased alive on <b>11-2</b> <b>1954</b> , and that death occurred at <b>7:30a.</b> m., from the causes and on the date stated above. <b>40</b>			
23a. SIGNATURE (Degree or title) <b>Philip A. Sale M.D.</b>		23b. ADDRESS <b>5400 Arsenal Street</b>	23c. DATE SIGNED <b>11-2-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov 4, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>NOV 3 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shepard Funeral Home, 1167 Hamilton Ave</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

*Paul A. Wachtel*

Licensed Embalmer No. *14787*

P. O. Address *St Louis 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.