

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39039

318

1003

State File No. _____

10531

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 5719 Cote Brilliante Avenue

3. NAME OF DECEASED
a. (First) Charles
b. (Middle) W.
c. (Last) Wilkinson
4. DATE OF DEATH (Month) (Day) (Year) 11 - 29 - 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10 - 12 - 1909
9. AGE (In years last birthday) 46
IF UNDER 1 YEAR Months Days
IF UNDER 11 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and State or Foreign Country) Spalding, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Wilkinson
13b. MOTHER'S MAIDEN NAME Hallie Hertel
14. NAME OF HUSBAND OR WIFE Amanda Wilkinson

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. 708-16-8994
17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Wilkinson, 5719 Cote Brilliante Av

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES (b) Fracture of the Skull;
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) DUE TO (b) Subdural Hemorrhage;
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS (c) Suffered in fall from ladder while working on building 5893 Highland Ave. about 4:30 p.m., Nov 29, 1955.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. ACCIDENT (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Building
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Nov 29 55 40
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? E901.6
YES NO

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 (Name or title) Patrick C. Taylor, Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 12.1.55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/3/55
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. DEC 1 1955
REGISTRAR'S SIGNATURE Carl Smith Mo
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.

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.....
Signature of Student Embalmer

Signed *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.