

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14978  
State File No. 1003  
Registrar's No. 3448

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Herculaneum
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 615 Short Street		0 5001	

3. NAME OF DECEASED (Type or Print) a. (First) Trealla	b. (Middle) Ethel	c. (Last) Wilkerson	4. DATE OF DEATH (Month) (Day) (Year) April 3, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years) (Months) (Days) (Hours) (Min.) 36 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mine La Motte, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Wright	13b. MOTHER'S MAIDEN NAME Mary M. Handle	14. NAME OF HUSBAND OR WIFE Thomas R. Wilkerson
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. None	17. INFORMANT'S SIGNATURE OR NAME Thomas R. Wilkerson, Herculaneum, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic gangrene right foot with toxemia</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c)		<u>10 + yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardia - vascular Dis ease</u>		<u>10 + yrs</u>	

19a. DATE OF OPERATION 4/3/56	19b. MAJOR FINDINGS OF OPERATION Diabetic gangrene right foot 260x	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 Feb 6, 1953, to Apr 3, 1956, that I last saw the deceased alive on Apr 3, 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Czabinski M.D.	23b. ADDRESS 3701 Grandell St	23c. DATE SIGNED 4/4/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial	24d. LOCATION (City, town, or county) (State) Crystal City, Missouri
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DATE REC'D BY LOCAL REG. APR 6 1956	REGISTRAR'S SIGNATURE Earl Smith - MO M & B.	25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home, Festus, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1957

NOV 8 1957

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 *H. W. [Signature]*

Licensed Embalmer No. 301

P. O. Address *Festus*

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.