Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-034828

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8743

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Manchester 4000 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 08 Deaconess Hosp. — Length of stay in Ib 70 odd days 27	d. STREET ADDRESS (If outside, give location) #6 Pleasant View Dr — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First THELMA	Middle RAY	Last WILKERSON	4. DATE OF DEATH Month Sept.	Day	Year 9, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]	8. DATE OF BIRTH Nov. 25, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator	10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Frank Ray	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 547-18-2476	17. INFORMANT #6 Pleasant View Dr. Robert Wilkerson, Manchester, Mo.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of the Anus	8 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	With Metastases to bone, liver, kidney, etc.	6 mos.
DUE TO (c)	Arteriosclerotic Heart Disease	6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 191.5

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY / STATE

21. I attended the deceased from 10-3-50, to 9-9-58 and last saw her alive on 9-8-58
Death occurred at 1:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James P. Murphy, M.D. (Degree, Title)	22b. ADDRESS 634 North Grand Blvd.	22c. DATE SIGNED 9-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/12/1958	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cem.	23d. LOCATION (City, town, or county) Granby, Missouri (State)
24. FUNERAL DIRECTOR Pfitzinger, Mort-Kirkwood 22, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 10 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

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.