

FILED VS SEP 2 8 1960

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8728

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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital No. 1</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1416 S. Compton</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Nebra</u> Middle <u>Charise</u> Last <u>Wilkins</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>2</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 24 1958</u>		9. AGE (last birthday) <u>2</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>						
13a. FATHER'S NAME <u>Charles Wilkins</u>				13b. MOTHER'S MAIDEN NAME <u>Bettie Jean Smith</u>		14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Bettie Jean Smith</u> Address <u>1416 S. Compton</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Intra-Cranial Hemorrhage; CONTRIB.</u> DUE TO (b) <u>Depressed Skull Fracture, suffered when car operated by one Willie Madlock, in which the deceased was a passenger, struck</u> DUE TO (c) <u>car operated by one, Constance Fahland, at the intersection of 7th & Hickory St.,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>about 10:28 P.M. Sept. 2nd, 1960.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car accident</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY <u>10:28 p.m.</u>		Month, Day, Year <u>9 2 60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>		COUNTY <u>Mo</u>		STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Robert J. Watson</u> (Degree or title)						22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>9-6-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>9-8-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>					
24. FUNERAL DIRECTOR <u>S. J. Watson Funeral Home Chouteau</u> ADDRESS <u>2769</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 6 1960</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Coats

Licensed Embalmer No. 4687
P. O. Address 81 Sa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.