WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20070

File No. .....

Registered No. 5937

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 1694 Smith Wilkins

(a) Residence. No. 3533 Arkansas St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Wilkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Peter Wilkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Elizabeth Bolling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT ~~Hospital Information~~ O Rosan
(Address) City Hospital

15. FILED JUN 25 1927 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1927

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1927 to June 22, 1927 that I last saw ~~him~~ alive on June 22, 1927, and that death occurred, on the date stated above, at 3 55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Arterio-sclerosis
9 20
99
1 42 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 906
8 IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

6/23, 1927 (Signed) Edmund R Sheridan, M. D.
(Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Park

DATE OF BURIAL June 25 1927

20. UNDERTAKER Wacker-Helderle

ADDRESS 2331 S Broadway

Wilkins