

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

Do not use this space.

**24194**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
 Township Carondelet Primary Registration District No. 6248 B Registered No. 215  
 City St. Louis (No. Rock Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert Wilkins

(a) Residence. No. 4662 St. Ferdinand Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 | 10 | 27

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

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

**PARENTS**  
 10. NAME OF FATHER Louis H. Wilkins  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Sophia Kaepple  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Rock Hosp. Record  
 (Address)

15. FILED 7-8-30 L C Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1930

17. I HEREBY CERTIFY That I attended deceased from May 29, 1929, to July 7, 1930 that I last saw him alive on July 7, 1930, and that death occurred on the date stated above at 2:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulm Tuberculosis  
23.7  
about (duration) 1 yrs. 5 mos. X da.

CONTRIBUTORY (SECONDARY) Unknown  
X (duration) ... yrs. ... mos. X da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Sputum  
 (Signed) J. Stalder, M. D.  
7/8, 1930 (Address) Rock Hosp

\*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 St Peters DATE OF BURIAL July 20 1930

20. UNDERTAKER A. Ron Liller ADDRESS 2707 North Grand

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 if very important.

