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.

OCT 20 1933

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123 File No. 30860

Township Carondelet Primary Registration District No. 6248 B Registered No. 308

City Jefferson Barracks, Mo. Veterans Administration Facility. St. Ward)

2. FULL NAME JACOB WILKENS

(a) Residence, No. 2618 Marcus Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Florence Wilkens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Sprayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable ~~Unavailable~~

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable ~~Unavailable~~

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director. Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 9-28 1933

19. UNDERTAKER (ADDRESS) Guy Mullen 4259 Lindell

20. FILED 9/28 1933 L. C. Obrock, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1933, to September 25, 1933

I last saw him alive on September 25, 1933 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver, Portal Type. Unk. Date of onset

124 B

124 B

Other contributory causes of importance

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical, physical & laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D. Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.