

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.

REC'D MAY 6 1938

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

15802
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 675
 (c) City Clayton (d) Street No. 142 N. Bemiston St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edmond E. Wilkinson 425
 (a) Residence, No. 142 N. Bemiston St. Clayton, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-27-1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>2</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paint Mfg.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills
 13. NAME Edmond Wilkinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenns

MOTHER 15. MAIDEN NAME Mary Van Wyck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs Lillian Wilkinson
142 N. Bemiston, Clayton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE April 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Hoff
Kirkwood, Mo.

20. FILED 1574 1938 R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1938, to 4/13/38, 19...
 I last saw him alive on 4/13, 1938. Death is said to have occurred on the date stated above, at 9:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis 4th
94th
 Other contributory causes of importance:
Chronic Diabetes
Several years
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Typical 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.

24. Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) A. L. Meador, M. D.
727 (Address) Clayton, Mo.
Dr. C. C. ...

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)