REC'D JUN 9 1938

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

3 / 791 / 1003

16612
Do not use this space.

4473

1. PLACE OF DEATH
(a) County ..... Registration District No. ..... Registered No. .....
(b) Township ..... Primary Registration District No. .....
(c) City St. Louis (d) Street No. Enroute to City Hospital #1 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 Alexander Wilkerson 436
(a) Residence, No. 2835 S. 11th. St. St. 24
(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	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 Annie Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 2nd. 1857.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	0	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed (5yrs)
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 .....

12. BIRTHPLACE (CITY OR TOWN) Springfield O
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Willie Manning
(ADDRESS) 1835 S. 11th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE May. 17th. 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Holderle
(ADDRESS) 2331 S. Broadway

20. FILED MAY 16 1938 J. P. Bredick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

~~No attending physician~~

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 9.30P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis;	
Arterio Sclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 See above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Joseph McGuire M. D.
(Address) Deputy Coroner

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2645

Frank J. Dyland, or by me.

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Dyland.

Licensed Embalmer No. 2645.

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.