

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

23962
Do not use this space.

RECEIVED 12 12 1938

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 6656
 (c) City St. Louis (d) Street No. City Hospital No. 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.
D. 4578 Florance Wilkens 425
2. PRINT FULL NAME Florance Wilkens
 (a) Residence, No. 4259 a Clay St. 10 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Wilkens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan ? 3-13-04</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>4</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
13. NAME <u>Everett Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
15. MAIDEN NAME <u>Maude Brent</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/2/38 1938 to 7/26/38 1938.
 I last saw her live on 7/26/38 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.
 The principal cause of death and related causes of importance were as follows:
congenital lens
cataracts
optic atrophy
 Other contributory causes of importance: 83

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1938
 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) Jos. L. Lucido M. D.
 (Address) City Hospital No. 1

17. INFORMANT (ADDRESS) Hoop. Info. Kent
Mrs MAUDE CORLIN. 4259^a Clay

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 7-29-38 1938

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros
4259 Lindell Blvd.

20. FILED JUL 26 1938 J.P. Brubaker Local Registrar.

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.

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.)

St Louis Mo