

NOV 16 1938

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

33794  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City Saint Louis (d) Street No. 4450 Enright Avenue Registered No. 8780  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 19  
 (e) Length of residence in city or town where death occurred Unavailable (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Wilkes

(a) Residence, No. 4450 Enright Avenue St. 19 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HOW LONG (OR) WIFE OF Edward M. Wilkes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Atchison  
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME John Pennington  
 14. BIRTHPLACE (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Julia McAllister  
 16. BIRTHPLACE (CITY OR TOWN) Frankfort  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Pearl Anderson  
4450 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Date Oct. 8, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gates  
 (ADDRESS) 4107 Finney Avenue

20. FILED OCT 7 1938 J. Bredek  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1938 to October 5, 1938

I last saw her alive on October 5, 1938 Death is said to have occurred on the date stated above, at 4:50 A.M.

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

Lobar Pneumonia Date of onset 9-27-38  
108

Other contributory causes of importance:  
Lobar Pneumonia

Name of operation None Date of.....  
 What test confirmed diagnosis Clinical 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? No  
 If so, specify.....  
 (Signed) L. E. Vincent, M. D.  
 (Address) 2336a Market Street

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**

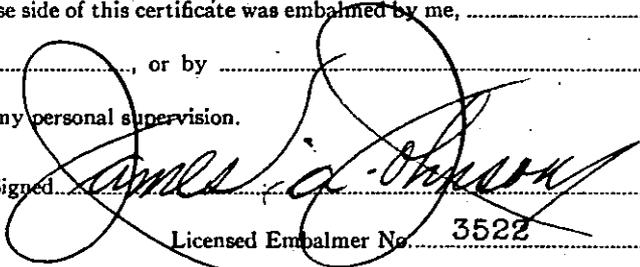
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

or by

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

Signed

  
Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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.)**

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