

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

REC'D DEC 12 1938

37585
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **1003**
(b) Township 1 Primary/Registration District No.
(c) City **St. Louis** (d) Street No. **4745 Hammett place** Registered No. **9912**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

John R Wilkinson

(a) Residence, No. **4745 Hammett Place** St. **6**
(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 **Mary A Wilkinson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 30 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
74	7	7	16	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Richard J Wilkinson Missouri**

FATHER 13. NAME **Richard J Wilkinson**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

MOTHER 15. MAIDEN NAME **Margaret Steinbow**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Mary A Wilkinson 4745 Hammett Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Nov 19 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Archibald Ferral 1905 Union Blvd.**

20. FILED **NOV 17 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-16-38**

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, at **4:50 P.**

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

Coronary Sclerosis
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
Nature of injury

24. Was disease of injury in any way related to occupation of deceased? **No**
If so, specify **Alfred Perry**
(Signed) **Alfred Perry** Deputy Coroner
(Address) **Deputy Coroner**

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,

or by

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

Signed

R M Sanford

Licensed Embalmer No.

2273

P. O. Address

Shelby

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.