

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23283

BUREAU OF THE VITAL RECORDS
AUG 25 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5728

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis Missouri
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 days
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town University City
 (d) Street No. 8141 Stanford
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Walter Ernest Wilkins 425
 3. (b) If veteran, name war No.
 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day four
 year 1940 hour 4 minute 10 A. M.
 21. I hereby certify that I attended the deceased from 5/27/40
 _____, 19____, to 7/5/40, 19____;

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Mollie
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 6 1870
 (Month) (Day) (Year)

that I last saw him alive on 7/4/40 and that death occurred on the date and hour stated above.
 Immediate cause of death Day thrombosis of stomach & intestines
 Duration 2 yrs

8. AGE: Years Months Days If less than one day
70 3 29 hr. min.

Due to _____
 Due to _____

9. Birthplace England
 10. Usual occupation Paper Carrier
 11. Industry or business _____

Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings: Some jaundice hepatomegaly
 Of operations as above
 Of autopsy _____

MOTHER FATHER
 12. Name Wm. Wilkins
 13. Birthplace England
 14. Maiden name Mary Nellwood
 15. Birthplace England

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Mrs. Dorothy Fritz
 (b) Address 8141 Stanford
 17. (a) Removal (b) Date thereof 7-6-40
 (c) Place: burial or cremation East. St. Louis, Ill.

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature Samuel M. Hanson (M. D. or other) _____
 Address BARNES HOSPITAL Date signed _____

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Ave.
 19. (a) JUL 5 1940 (b) J. F. Bredsch
 (Date received local registrar) (Registrar's signature)

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..... *Albert G. Kopp*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.