

REGISTRATION DISTRICT NO. 784

Primary Registration District No. 113

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town University City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7129 Lindell.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town University City.
(If outside city or town limits, write "RURAL")
(d) Street No. #7129 Lindell.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME JOHN BENTON WILKINS.

8. (b) If veteran, name war none. 8. (c) Social Security No. unknown

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Hazel MacC. Wilkins. 6. (c) Age of husband or wife if alive 51. years

7. Birth date of deceased Jan'y 9, 1388.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52.	11.	17.	hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturers Agent.

11. Industry or business _____

12. Name John T. Wilkins.

13. Birthplace Pickensville, Alabama.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane MacEvoy.

15. Birthplace Brooklyn, New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Wilkins.

(b) Address 6145 Watermen Ave.

17. (a) burial. (b) Date thereof 12:28:1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Boulevard.

19. (a) DEC 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1940 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11/25, 1940, to 12/26, 1940
that I last saw him alive on 12/26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
(Chr. Myocarditis)

Duration

2 yrs

Due to _____

Due to 93C

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Nc

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Joyce Tamm M.D. (M. D. or other) _____

Address 7131 Lindell Date signed 12/27/40

Dr Joe Teussie.
4500 Olive St.
FO. 3800.

*7131 Franklin
PH = 3090*

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: *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *St Louis Mo*

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

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