

FILED MAY 19 1942 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4220 Aldine
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. no.

3. (a) PRINT FULL NAME Arthur Wilkerson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced. marr.
6. (b) Name of husband or wife Elizabeth Wilkerson 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased November 17 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Mobile Alab.
(City, town, or county) (State or foreign country)

10. Usual occupation walter
11. Industry or business unemployed

MOTHER FATHER { 12. Name Louis H. Wilkerson
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Belle Wilkerson
(b) Address 4220 E. Aldine

17. (a) ~~CAUSE~~ Burial (b) Date thereof 5-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director C. J. Dosh
(b) Address 2017 Page Bldg

19. (a) 1942 (b) J. F. Brudon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6,
year 1942 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 9, 19 42 to May 6, 19 42;
that I last saw him alive on May 6, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to 930

Due to 930

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration Unknown
PHYSICIAN
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).....
(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?

While at work? (Specify type of place) (e) Means of injury D

23. Signature J. W. Johnson (M. D. or other)
Address 2601 Whittier Date signed 5-1-42

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

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.....
at 3847 Page Blv......, Registered Apprentice No.....
working under my personal supervision.

Signed *C. J. Nash*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Page*.....

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, fact should be so stated above.