V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13182

Registrar's No. 3798

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: 3116a Easton Ave.
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3116a Easton 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Iva Wilkinson

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Wilkinson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 29, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	3	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Stratton
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant James Wilkinson
(b) Address 3116a Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemtery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) APR 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 1.25A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 1- 1942, to April 27, 1942 that I last saw her alive on April 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia duration 24 hrs.	24 hrs.
Due to Carcinoma of left breast and Brain	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C S O'Connor (M. D. or other)
Address 1316A n Grand Date signed 4-28-42

(Licensed Embalmer's Statement on Reverse Side)

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.....Thomas Eynck.....

Licensed Embalmer No.....1284.....

P. O. Address.....St. Louis Mo.....

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.