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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 - 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30541

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8442

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Deloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 5314 Loughborough (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME FRANK CLINT WILKERSON

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Iva Mae Wilkerson

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October (Month) 30 (Day) 1893 (Year)

8. AGE: Years 49 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Master Machanic Co.

11. Industry or business St. Louis Ship Bldg & Steel

FATHER
12. Name Thomas Wilkerson
13. Birthplace Boneyville, (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant [signature]
(b) Address East St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery Belleville, Ill

18. (a) Signature of funeral director [signature]
(b) Address East St. Louis, Ill

19. (a) SEP 23 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 9/9/43, 19__, to 9/22/43, 19__; that I last saw him alive on 9/22/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure Bronchiectasis Chronic nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Beginning peri-nephritic abscess

Of autopsy - fluid in thorax & abdomen. General toxemia.

Duration

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

23. Signature Warren G Marston (M. D. or other)

Address 607 - N Grand Date signed 9/23/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1943

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 O. G. Kurrus Jr.

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

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.