

S. No. 2
M-2-43
5-17-39
X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32661

State File No.

8889

FILED OCT 22 1943

Registration District No.

318

Primary Registration District No.

1003

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:
Mo. Baptist Hospital
(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)

3. (a) PRINT FULL NAME James W. Wilkinson

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

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

6. (b) Name of husband or wife Iva Wilkinson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 5, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 1 hr. min.

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

10. Usual occupation Foreman

11. Industry or business Berry - Wehmler

12. Name Warren Wilkinson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lou B. Thompson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Keely
(b) Address 2129 Oak Ave.

17. (a) Burial (b) Date thereof 10/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 8 1943 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

2. USUAL PLACE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3116a Easton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1943 hour 6.10 A.M. minute 10 P.M.

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

Immediate cause of death Membrane of heart and cervical region white, adhering in valvular region of first door from a trunk at the Harry Wehmler Machine Co., 4660 West Florissant Ave. about 2:30 P.M. Oct 1 1943

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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) Accident ODD
(b) Date of occurrence Oct 1 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrially employed
While at work? Yes (Specify type of place) (e) Means of injury Struck
23. Signature Shomo F. Gallen (M. D. or other)
Address Deputy Coroner Date signed 10-8-43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Glenn 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.