No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20415

Primary Registration District No. 1003

Registrar's No. 5766

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4450 Enright
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County --

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

(d) Street No. 4450 Enright
(If rural, give location)

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

If yes, name country -- 0

600
1917
9

3. (a) PRINT FULL NAME SARAH WILKES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charlie Wilkes

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

7. Birth date of deceased June 15th (Month) 1860 (Day) (Year)

8. AGE: Years 84 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Keokut (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business Private

FATHER
12. Name Unavailable Alberts
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant Edward M. Wilkes
(b) Address 4450 Enright A ve.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27,44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUN 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1944 hour 7 minute 00 A: M.

21. I hereby certify that I attended the deceased from 4/1, 1944 to 6/24, 1944
that I last saw her alive on 6/24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to

Due to

Other conditions Chron Nephritis
(Include pregnancy within 3 months of death)

Duration 7 1 7

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

23. Signature D. E. Taylor (M.D. or other) 0
Address 3136 Chouteau Ave. Date signed 6-26-44

(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~~

Thomas J. Gates ~~Registered Apprentice No.~~

~~working under my personal supervision~~

Signed [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.