

FILED AUG 8 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23550

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **318**
 (b) Township..... Primary Registration District No. **1003** Registered No. **674076**
 (c) City **St. Louis** (d) Street No. **1st Mary's Infirmary** St. **4**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **Baby Wilkenson**
11-Wellington Webster Groves, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) **N.R.**

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX Male | 4. COLOR OR RACE Negro | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/30/44 | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | If LESS than 1 day, 2 hrs. or 2 min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. | | |
| FATHER | 13. NAME Gale Wilkenson | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. | |
| MOTHER | 15. MAIDEN NAME Emattie Hall | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie, Mo. | |
| 17. INFORMANT (ADDRESS) Gale Wilkenson 11-Wellington | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 8-2-44 | | |
| 19. FUNERAL DIRECTOR (ADDRESS) J. C. Lewis Webster Groves | | |
| 20. FILED AUG 2 1944 J. F. Bredek Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-30-1944**

22. I HEREBY CERTIFY, That I attended deceased from **7:30** 19 **44**, to **7:30** 19 **44**.
 I last saw him alive on **7-30** 19 **44**. Death is said to have occurred on the date stated above, at **7 a** m.
 The principal cause of death and related causes of importance were as follows:
Premature (6 mo) Date of onset

Other contributory causes of importance: **159**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **C. Barnett**, M. D.
 (Address) **245 W. Jefferson, St. Louis, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Mark Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
Embalm
L.E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed J. Lewis
Licensed Embalmer No. 2027

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.)