

FILED AUG 8 1946 318

Primary Registration District No.

1003

Registrar's No.

6549

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6Hrs. 35 Mins  
(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 (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2000a Carr Street (If rural, give location) 921  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Clem Wilks

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16  
year 44 hour 9 minute 05 p. M.  
21. I hereby certify that I attended the deceased from 6 - 16  
1944 to 6 - 16 44  
that I last saw h. im alive on 6 - 16 44  
and that death occurred on the date and hour stated above.

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

Immediate cause of death Prematurity Duration

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

7. Birth date of deceased 6 16 44  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 hr. 35 min.

Due to Unknown

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Due to Unknown

10. Usual occupation.....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of operations.....

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

Of autopsy.....

14. Maiden name Marjorie Wilks nee Epps  
15. Birthplace Vicksburg Mississippi  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Arthur M. Sherard  
(b) Address 2601 N. Whittier Street

(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?

17. (a) Buried (b) Date thereof JUL 27 1944  
(Burial, cremation, or removal) (City or town) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

While at work?..... (Specify type of place) (c) Means of injury.....

18. (a) Signature of funeral director James Owens  
(b) Address Miss. Health Dept

23. Signature William H. Huber (M.D. or other)  
Address 2601 N. Whittier St. Date signed 7-22-44

19. (a) JUL 26 1946 (b) J. Z. Bredeh  
(Date received local registrar) (Registrar's signature)

844

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**