

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4397**

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: **Deaconess Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 hr.**
(Specify whether
In this community **10 mo.**
years, months or days)

3. (a) PRINT FULL NAME **Rosalynne Diane Wilkins**

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

4. Sex **Female** 5. Color or race **wh.** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 14** **1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. **19** min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name **Worley Wieland Wilkins**
13. Birthplace **Arbyrd** **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Marie Milam**
15. Birthplace **Detroit** **Mich.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. W. Wilkins (Mother)**
(b) Address **4553 Delmar, St. Louis 8**
17. (a) **BURIAL** (b) Date thereof **5-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SENAATH MO.**

18. (a) Signature of funeral director **FRED M. WILLIAMS**
(b) Address **4535 WASHINGTON BLVD**
19. (a) **MAY 16 1946** **J. F. Bredecker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis** **(8)** **12th**
(If outside city or town limits, write "RURAL")
(d) Street No. **4553** **Delmar**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1946** hour **10:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **5-14-46**
to **5-15-46**
that I last saw her alive on **5-14**
and that death occurred on the date and hour stated above.

Immediate cause of death **overexpansion of lungs**
Since birth
Premature labor
7 1/2 mos gestation
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).....
(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?

While at work? (Specify type of place) (c) Means of injury **D**
23. Signature **J. F. Bredecker** (M. D. or other) **M.D.**
Address **425 De Baliviere** Date signed **5-5-46**

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.....

No EMBALM

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.