

FILED DEC 23 1946  
Registration District No. 318

Primary Registration District No. 1003

COPYING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Res: 6805 Waldemar Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri..... (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. #6805 Waldemar Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... IDA L. WILKINSON.

3. (b) If veteran, name war..... None..... 3. (c) Social Security No. None.....

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

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

7. Birth date of deceased..... March 28, 1871.....  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75.</u>	<u>8.</u>	<u>17.</u>	hr. min.

9. Birthplace Washington County, Missouri.....  
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home.....

11. Industry or business.....

12. Name..... Unknown Liggett.....

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

14. Maiden name..... Unknown.....

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

16. (a) Informant Ordie Wilkinson.....  
(b) Address 4220 Exeter, Shrewsbury Pk......

17. (a) Burial..... (b) Date thereof 12/17/46.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery.....

18. (a) Signature of funeral director..... C. R. Lupton & Sons.....

(b) Address..... #7233 Delmar Blvd......

19. (a) DEC 16 1946..... (b) J. F. Bredbeck.....  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th, year 1946, hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 6, 1946, to Dec 15, 1946, that I last saw her alive on Dec 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Valvular Cardiac Condition.....

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

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

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) (e) Means of injury.....

23. Signature..... Vincent J. Pounsand..... (M. D. or other) M.D.  
Address 3101 Sullon Ave Maplewood Mo..... Date signed 12.16.46

Dr. W. J. Johnson  
3101 1/2 Kuttan  
Ni: 3250.  
8:30 A.M. —

**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 Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, N.J.

**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.