

FILED JAN 9 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43608

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11039

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:
ST. LOUIS MATERNITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 hrs. 25 min.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County.....
(c) City or town. ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Baby Boy Wilkins

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex. Male
5. Color or race. White
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. December 8, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 25 min.

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

10. Usual occupation

11. Industry or business

12. Name. Otho Sherman Wilkins
13. Birthplace. Wyatt, Indiana
(State or foreign country)
14. Maiden name. Jacqueline Cooke
15. Birthplace. St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Maternity Hospital Record
(b) Address. 630 S. Kings Highway

17. (a) Anatomical Board (b) Date thereof. DEC 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Anatomical Board

18. (a) Signature of funeral director. H. F. Rowland
(b) Address. 435 Washington

19. (a) DEC 30 1947 (b) J. Medech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. DECEMBER day 9th.
year. 1947 hour. 3:30 minute. A M.

21. I hereby certify that I attended the deceased from Dec 8, 1947, to Dec 9, 1947
that I last saw him alive on 11:05 P.M., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.
cardio-respiratory failure.
Due to Prematurity - Atellectasis.
Due to cause unknown.

Duration

Other conditions. none.
(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) (e) Means of injury.....

23. Signature. Melvin A. Robles (M. D. or other) d
Address. 3720 Washington Date signed. 12-11-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

68611

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.