No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

43724

State File No. 0

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2582

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 96

(c) City or town Glendale 11
(If outside city or town limits, write "RURAL")

(d) Street No. 835 Glen Elm Ave. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME WALTER G. WILKINS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife Nell A.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. (Month) 3 (Day) 1891 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 1 | 10 | ..... hr. ..... min. |

9. Birthplace Dallas, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Tire Business

11. Industry or business .....

FATHER
12. Name Walter G. Wilkins
13. Birthplace Utica N.Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Edmonds
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Nell A. Wilkins
(b) Address 835 Glen Elm Ave. Glendale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 12-16-47 (Date received local registrar) (b) Cecil A. Sharp MD MSA (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. 13 day ..... year 1947 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 12-6 1947 to 12-13 1947 that I last saw him alive on 12-13 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardial Infarction | 1 wk. |
| Due to Hypertension | ? |
| Due to Chronic Nephritis | ? |
| Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) | ? |

Major findings:
Of operations 61
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature E. Lee Shrader (M. D. ~~or other~~)

Address 3720 Washington Date signed 12/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. K. L. Shrader Re 6-76
37.20 Washington 1-4:30

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.