

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4663

State File No. 4663
Registrar's No. 4663

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>2071</u>		Registrar's No. <u>4663</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brenton</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brenton</u>		<u>41</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2600 Sulew</u>				d. STREET ADDRESS (If rural, give location) <u>2600 Sulew</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>WILKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1883</u>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>65</u> <u>8</u> <u>17</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coat Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Spikens, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Wilkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Ima Jane Hobbe</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Wilkinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>462-12-6064</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula O Wilkinson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH* Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 or 10 min.</u> <u>few years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 11, 1949</u> , to <u>Jan 11, 1949</u> , that I last saw the deceased alive on <u>about 3 months ago</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. ... M.D.</u>				23b. ADDRESS <u>Brenton, Mo.</u>		23c. DATE SIGNED <u>1-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Union</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/12/49</u>		REGISTRAR'S SIGNATURE <u>J. E. Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond A. Davis Brenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1949

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 _____

Rollin J. Richardson

Student Embalmer No. *221*

working under my personal supervision:

Signed *Rollin J. Richardson*
Student Embalmer

Signed *Walter E. Meyer*

Licensed Embalmer No. *4491*

P. O. Address *Jrenton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.