S. No. 300
v. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11275

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2223

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5405 Vernon Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2059
d. STREET ADDRESS (If rural, give location) 5 - 5405 Vernon Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle)
c. (Last) Wilkinson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1875.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH October 20, 1875

9. AGE (In years last birthday) 74 — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY Steel

11. BIRTHPLACE (State or foreign country) Potosi Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. J. Wilkinson

13b. MOTHER'S MAIDEN NAME Amanda Compton

14. NAME OF HUSBAND OR WIFE Anna Lee Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-09-3567

17. INFORMANT'S SIGNATURE OR NAME Dennis K. Woodside ADDRESS 5409 Vernon Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Asthma — years
DUE TO (c) Silicosis — years

II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION NO

19b. MAJOR FINDINGS OF OPERATION NO

20. AUTOPSY? YES ☐ NO ☒

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) 5250

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1950, *to* _____, 19__, *that I last saw the deceased alive on* Mar 5, 1950, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.

23b. ADDRESS 5397 Grand

23c. DATE SIGNED 3-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 8, 1950

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) Lucas & Hunt Road (State) Mo.

DATE REC'D BY LOCAL REG. MAR 8 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary ADDRESS 4215 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Rex E Campbell

Licensed Embalmer No. 1388

P. O. Address St Louis, Mo

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.