

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18783
4200

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

1. PLACE OF DEATH
a. COUNTY Homer & Hospital
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis mo 2119
d. STREET ADDRESS (If rural, give location) 4204 W 2 Page

3. NAME OF DECEASED
a. (First) Rosie b. (Middle) _____ c. (Last) Wilkins
4. DATE OF DEATH (Month) (Day) (Year) May 6 1950

5. SEX F 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 25-1907 9. AGE (In years last birthday) 42 yrs IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Crenshaw Miss 12. CITIZEN OF WHAT COUNTRY? about 2772

13a. FATHER'S NAME John B Spikes 13b. MOTHER'S MAIDEN NAME Mary Crawford 14. NAME OF HUSBAND OR WIFE Joe Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Helen Havery W. Page ADDRESS 4204 W 2 Page

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast with Extensive Metastasis
ANTECEDENT CAUSES Metastasis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH
Undet

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 190 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 4-23, 19 50, to 5-6, 19 50, that I last saw the deceased alive on 5-6, 19 50, and that death occurred at 9:30p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Montague Lawrence 23b. ADDRESS 2601 N Whittier St. 23c. DATE SIGNED 5-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 5-11-1950 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. MAY 10 1950 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Lee J. Sneed ADDRESS 3615 Boston

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed..... *Leroy U. Bannister*

Signed.....
Student Embalmer

Licensed Embalmer No. *452-3*

P. O. Address *3880 Easton Ave*

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.