

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3146
Registrar's No. 615

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 2 yrs. 4 months
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery 5800 Arsenal St. 13 d. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 0

3. NAME OF DECEASED a. (First) George b. (Middle) Wilkes c. (Last) Wilkes
4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH 1880 9. AGE (In years last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Julian B. Wilkes 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE single

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 ADDRESS, City Infirmery Records, 5800 Arsenal St.

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) Anterior chestic Heart Disease
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from 9-1-1950, to 1-19-1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE George M. Tanaka, M.D. (Degree or title) 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 1-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 22 1951 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JAN 21 1951 REGISTRAR'S SIGNATURE J. J. [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

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.....
Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis 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.