

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14899

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3158**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. Louis** c. LENGTH OF STAY (in this place) **15 Yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. Marys Infirmary Hospital 1636, Papain** 2d STREET ADDRESS **2723, Gamble. Street** (If rural, give location)

3. NAME OF DECEASED a. (First) **William** b. (Middle) **DeWitte** c. (Last) **Wilkins** 4. DATE OF DEATH (Month) (Day) (Year) **4 - 2nd - 1951**

5. SEX **Male** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **August. 20th 1877** 9. AGE (In years last birthday) **73** OF UNDER 1 YEAR Months **7** OF UNDER 12 HRS. Days **13** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Pastor in Charge** 10b. KIND OF BUSINESS OR INDUSTRY **A.M.E. Diocese** 11. BIRTHPLACE (State or foreign country) **Holy Springs, Mississippi** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Asberry Wilkins** 13b. MOTHER'S MAIDEN NAME **Emma.** 14. NAME OF HUSBAND OR WIFE **Nellie G. 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 **Nellie G. Wilkins** ADDRESS **2723, Gamble 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES. **Hypertension**
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.**

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 **H201**

22. I hereby certify that I attended the deceased from **Mar. 10 1951**, to **April 2, 1951**, that I last saw the deceased alive on **April 2, 1951**, and that death occurred at **8:20** m., from the causes and on the date stated above.

23a. SIGNATURE **W. J. [Signature]** (Degree or title) **MD** 23b. ADDRESS **2337 Market** 23c. DATE SIGNED **4/2/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4 - 6th, 51** 24c. NAME OF CEMETERY OR CREMATORY **ST. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **ST. Louis, Missouri**

DATE REC'D BY LOCAL REG. **APR 4 1951** REGISTRAR'S SIGNATURE **J. B. [Signature]** FUNERAL DIRECTOR'S SIGNATURE **John H. [Signature]** ADDRESS **2829, Washington. Blv**

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.