

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39917

FILED DEC 8-1951

State File No. 10534  
Registrar's No. 10534

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 770 b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2138 St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 5400 Arsenal	
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) M c. (Last) WILKINS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1951.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12-18-1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis 770
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Louis H Wilkens	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Sophia Keppeler	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) 770 (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 770		17. INFORMANT'S SIGNATURE OR NAME Albert Wilkens 1515 Marcus	
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) Coronary Occlusion  ANTECEDENT CAUSES DUE TO (b) Cancer of the Breast Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <input type="checkbox"/> NO <input checked="" 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? 170X		22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Nov. 26, 1951, that I last saw the deceased alive on Nov. 26, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Betty Harris Simon M.D.		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 11/26/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-28-51		24c. NAME OF CEMETERY OR CREMATORY St Peters	
24d. LOCATION (City, town, or county) (State) St Louis MO 770		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE Earl Smith		ADDRESS 2704 W. ...	

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.....

*Gustav W. Distel*

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*H 329*

*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.