

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34313**  
Registrar's No. **8202**

FILED OCT 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>University City</b> #3364	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			
* STREET ADDRESS (If rural, give location) <b>611 Westgate Avenue.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>A.</b> c. (Last) <b>Wilkin</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 21, 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>June 13 1864</b>	<b>9. AGE</b> (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Missionary</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Northern Baptist</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>New Market, Ohio</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>Abraham Wilkin</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mathilda Edwards</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Winter Wilkin, dec'd</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Ruth Wilkin, 611 Westgate Avenue/</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 weeks</b> <b>Infect</b> <b>Infect</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>TERMINAL BRONCH PNEUMONIA</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO (c) <b>GENERALIZED ARTERIO SCLEROSIS</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4200</b>	

**22. I hereby certify that I attended the deceased from** AUG 11, 1953, to AUG 21, 1953, that I last saw the deceased alive on AUG 21, 1953, and that death occurred at 11A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Robert A. Mayer M.D.</b>	<b>23b. ADDRESS</b> <b>539 N GRAND ST. LOUIS, 3 Mo</b>	<b>23c. DATE SIGNED</b> <b>AUG 23, 53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>8-24-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Local</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Anadarko, Oklahoma</b>		

<b>DATE REC'D BY LOCAL REG:</b> <b>AUG 24 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

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.....  
Signature of Student Embalmer

Signed *J. Wm Bentley*.....

Licensed Embalmer No. *36*.....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.