No. 300
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FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42770

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10741

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 6 5163 Palm ave. 206%

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) E. c. (Last) Wilkins

4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1955

5. SEX Female 3
6. COLOR OR RACE Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divrced. 2
8. DATE OF BIRTH 9-27-1906
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ark. 1
12. CITIZEN OF WHAT COUNTRY? U.S.S.

13a. FATHER'S NAME John Boyd Wilkins
13b. MOTHER'S MAIDEN NAME Ie. Na Murphy.
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Milton Wilkins ADDRESS 1635 Arlington Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Acute hemalytic anemia	2 mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Chronic lymphatic leukemia	2 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic heart disease with mitral stenosis	10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 204.0
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) m.
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* Oct. 31, 1955, *to* Dec. 6, 1955, *that I last saw the deceased alive on* Dec. 6, 1955, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Vanillion, M.D. (Degree or title) M. D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 12/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 12-12-55
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St Louis (State) Mo.

DATE REC'D BY LOCAL REG. DEC 7 1965
REGISTRAR'S SIGNATURE J. Earl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE Boyd Funeral Home ADDRESS 3704 Finney ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gordo

Licensed Embalmer No. 34

P. O. Address 45750

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.