

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11621

FILED MAR 22 1956

State File No. \_\_\_\_\_

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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>D.O.A. City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7149 Idaho ave. 20190</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Tim</b> b. (Middle) <b>E.</b> c. (Last) <b>Wilkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 25, 1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December 5, 1896</b>			
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Guard</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Pinkerton Agency</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bunker, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>Jack Wilkins</b>			13b. MOTHER'S MAIDEN NAME <b>Lillie Miner</b>			14. NAME OF HUSBAND OR WIFE <b>Clemmie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW-1</b>			16. SOCIAL SECURITY NO. <b>WW-1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clemmie Wilkins 7149 Idaho ave.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <b>Patrick E. Taylor Carver</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2-27-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB. 27 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister D. &amp; L. Co. 7817 S. Broadway</b>					

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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 *Linus C. Hoffman*.....

Licensed Embalmer No. *38*..

P. O. Address *7814 S.*.....

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