THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11659

State File No.

FILED APR 2 - 1956

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2987

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (In this place): 8 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City,
d. STREET ADDRESS (If rural, give location): 1102 Midland Avenue.

1356
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3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): WILKINSON
c. (Last): YERKES.

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1956.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: May 25, 1890.
9. AGE (In years last birthday): 65. (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): At Home.
10b. KIND OF BUSINESS OR INDUSTRY: Housewife.
11. BIRTHPLACE (State or foreign country): Neubern, Tennessee.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Bruce Wilkinson.
13b. MOTHER'S MAIDEN NAME: Louise Drane.
14. NAME OF HUSBAND OR WIFE: Horace R. Yerkes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Len Calkins. #1102 Midland 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — Arteriosclerosis, generalized — indef.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis generalized — indefinite

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
3314
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?
48 3-22-56

3-22-56

22. *I hereby certify that I attended the deceased from* 1948, *to* Mar 22, 1956, *that I last saw the deceased alive on* Mar 22, 1956, *and that death occurred at* 10:40 A. m., *from the causes and on the date stated above.* 3-23-56

23a. SIGNATURE W.C. Missey
(Degree or title) M.D.
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 3/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal.
24b. DATE: 3/24/56.
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery.
24d. LOCATION (City, town, or county) (State): #7800 St. Charles Rock Road.

DATE REC'D BY LOCAL REG.: MAR 23 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G.R. Lupton & Sons, #7233 Delmar Blv'd.,
(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANTI—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Room 533.

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 Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.