

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44096
State File No. 11297
Registrar's No.

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 6915 Michigan St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital 27170			
3. NAME OF DECEASED a. (First) Thomas (Type or Print)		b. (Middle) J. c. (Last) Wilkinson	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1956.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar. 30, 1870
9. AGE (In years last birthday) 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (State or foreign country) Richwood, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Joseph Wilkinson		13b. MOTHER'S MAIDEN NAME Ann Elizabeth Martin	
14. NAME OF HUSBAND OR WIFE deceased			
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 Evelyn Johnson		ADDRESS 6915 Michigan Ave.,	
MEDICAL CERTIFICATION			
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. None		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA 2) LOBULAR PNEUMONIA DUE TO (b) Arteriosclerotic Heart Disease 2) Cerebral Hemorrhage 3) Tracheo-Bronchitis DUE TO (c) Senile Inanition II. OTHER SIGNIFICANT CONDITIONS (EXCEPTING NO TERMINATE) Conditions contributing to the death but not related to the disease or condition causing death. Senile Inanition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-30-56, 1956, to 12-6-56, 1956 that I last saw the deceased alive on 12-6-56, 1956, and that death occurred on 11-11-56, 1956 from the causes and on the date stated above.			
23a. SIGNATURE Charles B. Lall (Deceased or title)		23b. ADDRESS 7130 Virginia Ave. (City)	
23c. DATE SIGNED 12-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-10-56	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) Lemayk 23, Mo.	
DATE REC'D BY LOCAL REG. DEC 10 1956		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Unde Co., 7130 Michigan Ave		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

T. E. Morris

Licensed Embalmer No. 3360

P. O. Address 4106 Manchester

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

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