

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023882
STATE FILE NUMBER

FILED JUL 14 1958

318

1003

6513

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR CROWN 0500 Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 St. Anthonys Hosp		Length of stay in 1b 1 Hr.	d. STREET ADDRESS (If outside, give location) 29 near Arnold, Mo.
3. NAME OF DECEASED (Type or print) First Julianne Middle Wilkinson Last		4. DATE OF DEATH Month June Day 29 Year 1958	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 22, 1957
9a. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 5 Days 7 Hours Min. 	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Joseph Leroy Wilkinson	
14. MOTHER'S MAIDEN NAME Marlyn Gangloff		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. none		17. INFORMANT J. L. Wilkinson Address Arnold, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of the Skull; Subdural Hemorrhage; Brain Injury. DUE TO (b) Suffered in collision between car DUE TO (c) patented by me, Joseph Wilkinson, Inc. which possessed was a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART I. Richard Koller on Highway "09" Jefferson County, Mo., approx 11:58 pm			INTERVAL BETWEEN ONSET AND DEATH 1
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of institution, if applicable, in Part I.) Patented by me, Joseph Wilkinson, Inc. which possessed was a Richard Koller on Highway "09" Jefferson County, Mo., approx 11:58 pm		20c. TIME OF INJURY Hour 11:58 p. m. Month 6 Day 28 Year 1958	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 29 Highway	20f. CITY, TOWN, OR LOCATION 050 Jefferson County Mo
21. I attended the deceased from 233 A to 29 and last saw her alive on 29 . Death occurred at 233 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly, Coronor		22b. ADDRESS 3 1300 Blank	22c. DATE SIGNED 6-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) (State) Arnold, Mo.
24. FUNERAL DIRECTOR Heiligttag--Imperial, Mo.		25. DATE RECD. BY LOCAL REG. JUN 30 '58	26. REGISTRAR'S SIGNATURE Carl Smith Mo

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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X

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 *Arthur W. Neilligton*

Licensed Embalmer No. *30*

P. O. Address *Superior*

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.