

## STANDARD CERTIFICATE OF DEATH

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

Registrar's No. 78Registration District No. 775Primary Registration District No. 6070-A

## 1. PLACE OF DEATH:

(a) County St. Francois 2  
(b) City or town Bonne Terre Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whetherIn this community \_\_\_\_\_  
years, months or days) 24503. (a) PRINT FULL NAME ANNA MAGDALENA WHEELER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Oct. 25 1945  
(Month) (Day) (Year)8. AGE: Years 93 Months 11 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Francois Co Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William Wheeler13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Olga Colgan15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mollie Wheeler(b) Address 211 Bonne Terre, Mo17. (a) Burial (b) Date thereof Oct. 10 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wheeler Cemetery18. (a) Signature of funeral director Benham Hud Co(b) Address 313 Benham St Bonne Terre19. (a) Oct. 10, 1939 (b) N. W. Hawkins  
(Date received local registrar) (Registrar's signature) 69K

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")(d) Street No. Rural Route #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1939 hour 12 minute 5 P. M.21. I hereby certify that I attended the deceased from Oct. 4, 1939  
\_\_\_\_\_, 19\_\_\_\_, to Oct. 6, 1939;  
that I last saw her alive on Oct. 6, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death Terminal  
broncho-pneumonia Duration 3 da.Due to Cardiac failure + de-  
compensation.Due to old ageOther conditions None  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_23. Signature H. W. Roebber (M. D. or other) M.D.Address Bonne Terre, Mo. Date signed 10/9/39

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. J. Raywell

Licensed Embalmer No. 3726

P. O. Address Conrad Street Mo

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

**If this body is not embalmed, above space should be left blank.**