DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4268

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1098

**1. PLACE OF DEATH:**

(a) County: St Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)

In this community:

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Ill. (b) County: Hamilton

(c) City or town: McLeansboro NR
(If outside city or town limits, write "RURAL")

(d) Street No.: (If rural, give location)

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

3. (a) PRINT FULL NAME: MARY PAULINE WHEELER

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

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: John Wheeler 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: UNKNOWN (Month) (Day) (Year)

8. AGE: Years: Abt 43 Months: Days: If less than one day: hr. min.

9. Birthplace: McLeansboro (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: at Home

11. Industry or business: 0

MOTHER FATHER

12. Name: George W. Nalley

13. Birthplace: McLeansboro (City, town, or county) Ill. (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Edwin T. Jones

(b) Address: McLeansboro Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation: C.G.O. Ill McLeansboro Ill

18. (a) Signature of funeral director: Edwin T. Jones

(b) Address: McLeansboro, Ill

19. (a) FEB 3 1940 (Date received local registrar) (b) J. T. Rudick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 2 year 1940 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death: L-C-D Degree — Duration

Due to: Rupture of Entire Bobby

Due to: Suffered when Choking

Due to: Deceased Became Choked while Standing

Other conditions: Close to Stove

(Include pregnancy within 3 months of death)

Major findings: Of operation: Fell Feb-2-1940 12:00 noon

Of autopsy: Accidental

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): Accident

(b) Date of occurrence: 2/2/40

(c) Where did injury occur? McLeansboro Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Alfred Perry (M. D. or other)

Address: Deputy Coroner Date signed 2-2-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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