

MAY 3 1943
Registration District No. _____

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
12
922
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 10a S. 22nd. Street
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Helen Beatrice Wheeler
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
 year 43 hour 3 minute 50 a. M.
 21. I hereby certify that I attended the deceased from 4-8 19 43 to 4-15 19 43
 that I last saw her alive on 4-15 19 43
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased 4 8 43
(Month) (Day) (Year)

Immediate cause of death.....
Prematurity
Diarrhea
 Due to.....
 Due to Unknown
 Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....
 11. Industry or business.....
 12. Name Henry Wheeler
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie Beatrice Hembert
 15. Birthplace West Memphis Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur May Howard, R.A.
2601 N. Whittier Street
 (b) Address
 17. (a) Buried (b) Date thereof APR 29 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
 (c) Place: burial or cremation CITY CEMETERY

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?

18. (a) Signature of funeral director H. Merschman
 (b) Address City Health Dept
 19. (a) APR 28 1943 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature E. Decker (M. D. or other) 0
 Address 2601 N. Whittier Street signed 9-23-43

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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, fact should be so stated above.