S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12970

State File No. 3254

FILED APR 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3254

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4
Stones Nursing Home, 4373 West Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt 2 weeks (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 2117 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3123 Locust St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frederick W. Wheling

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 wid.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 13 (Day) 1867 (Year)

8. AGE: Years 76 Months 1 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business Cabinet Maker

FATHER
12. Name Charles W. Wheling
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mina Funk
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Henry L. Wheling
(b) Address 3123 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield, Ill

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) APR 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5th year 1943 hour 4:00 minute M.

21. I hereby certify that I attended the deceased from March 18, 1943, to Apr. 5, 1943 that I last saw him alive on Apr. 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of jaw	3 yrs
with metastases	2 to 6 mo

Due to

Due to

Other conditions Senility, Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

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 Norman E. Miller (M. D. or other)

Address 3616 S. Broadway Date signed 4-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.