

FILED JUL 13 1943

Registration District No. **518** Primary Registration District No. **1003**

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:
Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Elmer H. Wheeler**
3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **488-12-6078**

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Catherine Wheeler**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Oct 11th 1891**
(Month) (Day) (Year)

8. AGE: Years **51** Months **8** Days **18**
If less than one day hr. _____ min. _____

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

10. Usual occupation **Reporter**

11. Industry or business **Dunn & Bradstreet**

MOTHER FATHER { 12. Name **George Wheeler**
13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Budke**
15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Wheeler**
(b) Address **4986 Neosho Ave.**

17. (a) **Burial** (b) Date thereof **7-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **JUL 1 1943** (Date received local registrar)
J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **14000**
(If outside city or town limits, write "RURAL")
(d) Street No. **4986 Neosho Ave.** **17**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **?**
If yes, name country _____ **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **29th**
year **1943** hour **10:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 29 -**
1943 to **June 29 1943**
that I last saw him alive on **June 29 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism Sudden**
Due to **Pneumonia Lobar, no suppurative, acute**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **108**

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature **J. Michael** (Specify type of place) _____ (M. D. or other) **MD**
Address **506 Olive** Date signed **7-1-43**

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

10
7
9

JUL 16 1943

1-3:30 Ch. 5024

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..... *Elmer D. McVernett*

Licensed Embalmer No. *3024*

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.