

No. 2
A-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20154**
Registrar's No. **5618**

FILED JUN 30 1943 18

Registration District No. _____ 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:
1718 N. 13th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **10 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____

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

(d) Street No. **1718 N. 13th. St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **George B Wheeler**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19th.**
year **1943** hour **4:30 AM** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased: **Feb 02th. 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1**, 19**43**, to **June 19**, 19**43**
that I last saw him alive on **June 17**, 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **4** Days **7** If less than one day _____ hr. _____ min.

Immediate cause of death: **apoplexy** Duration **4 days**

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

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Moulder**

11. Industry or business **American Steel Co**

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Creely**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **EMMA Wheeler**

(b) Address **1818 N. 13th. St.**

17. (a) **Burial** (b) Date thereof **6/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemt.**

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 Embalmer **Harrison & Sheehan Und Co**

(b) Address **4415 Washington Blvd.**

19. (a) **JUN 20 1943** (b) **J. J. Braddock**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **J. J. Krump** (M. D. or other) _____
Address **450 3 Washington** Date signed **6/19/43**

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

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..... *Henry M. Begummer*

..... Licensed Embalmer No..... *4200*

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.