S. No. 2
I—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 3 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4073

Registration District No. 318 FILED JAN 3 1944

Primary Registration District No. 1003

Registrar's No. 11490

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County St. 17

(c) City or town St. Louis, 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5920 Washington.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIRGINIA W. WHEELER.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female Wh

5. Color or race White.

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

6. (b) Name of husband or wife Henry F. Wheeler.

6. (c) Age of husband or wife if alive 78. years

7. Birth date of deceased November 20, 1868. (Month) (Day) (Year)

8. AGE: Years 75. Months 1. Days 0. If less than one day hr. min.

9. Birthplace Shelbyville, (City, town, or county) Tennessee. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Robert White.
13. Birthplace unknown, (City, town, or county) Tennessee. (State or foreign country)

MOTHER
14. Maiden name Cornelius Driver.
15. Birthplace unknown, (City, town, or county) Tennessee. (State or foreign country)

16. (a) Informant H. T. Wheeler.
(b) Address 1031 Francis Place.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 12/21/43. (Month) (Day) (Year)
(c) Place: burial or cremation Pulaski, Tennessee.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) DEC 21 1943 (Date received local registrar) (b) J. F. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 20th, year 1943. hour 11:00 minute 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 Fractured Right Hip Arteriosclerosis suffered when Deceased fell from curb to

Due to the street at Kingshighway and Rudge ave on 12-7-43

Due to

Other conditions (Include pregnancy within 3 months of death) 39

Major findings:
Of operations

Of autopsy 6

Duration

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 000

(b) Date of occurrence 12-7-43

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

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

While at work? No (e) Means of injury fall

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 12/21/43

(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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

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.