

No. 2
2-45
17-39
X47070

State File No. _____

FILED MAR 24 1947
518

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2708

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos.
In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3542 Magnolia Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA WHEELER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced div.

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

7. Birth date of deceased Dec. 8 1869 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Milliner

11. Industry or business _____

12. Name Henry Wheeler

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

14. Maiden name Martha Fidler

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

16. (a) Informant Thelma A. Sawyer

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 3/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 14 1947 (b) J. F. Brudeck
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13
year 1947 hour 5.20 minute A.

21. I hereby certify that I attended the deceased from Jan. 13 1947 to Mar. 13 1947
that I last saw her alive on Mar. 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, generalized 1947x

Due to Senility

Due to Broncho Pneumonia, bilateral, terminal 1 week.

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) _____
Address 5400 Arsenal St. Date signed 3/13/47

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

MOTHER FATHER

ood
167
9
0

107

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed:

Licensed Embalmer No. 1284

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.