No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7188
Registrar's No. 1193

Registration District No. 318 Primary Registration District No. 1003

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Avenue 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country Naturalized Citizen

3. (a) PRINT FULL NAME Frederick G. Wheatcroft
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anne Morley Wheatcroft
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 16, 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Nottingham (City, town, or county) England (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Thomas Wheatcroft
13. Birthplace Nottingham (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Emma Burrows
15. Birthplace Nottingham (City, town, or county) England (State or foreign country) 4

16. (a) Informant Christian Old Peoples Home
(b) Address 6600 Washington Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue
19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3, 1948
year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb-2-, 1948 to Feb 3-, 1948
that I last saw alive on Feb-3-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Jackson Elson (M. D. or other)
Address 607 N. Grand Date signed 2/4/48

Jefferson City Printing Co.
(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.....

Licensed Embalmer No.....

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.