

FILED DEC 8 1948

318

Primary Registration District No.

1003

Registrar's No. **10194**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Florence Wheeler

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James Clyde Wheeler 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 27th, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Francis M. Jordan
 13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Samanths Blacklage
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Whiteman
 (b) Address 3920 Turner Ave.

17. (a) Burial (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Memorial Park Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.
 (b) Address 2223 St. Louis Ave.

19. (a) NOV 24 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1421a Benton St.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd
 year 1948 hour 8:35 PM minute. 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 3rd degree burns of 60% of body; when her clothing caught fire while she was standing near the coal stove in kitchen of her home on Nov 7, 1948, about 11:38 A.M. Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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
 (b) Date of occurrence Nov 7, 1948
 (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?
In home

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Patrick E. Taylor, M.D. (M. D. or other)
 Address 1300 Clark Date signed 11-24-48

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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

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.