

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25401

318

1003

6108

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 3203a S. Grand			
3. NAME OF DECEASED (Type or Print) a. (First) Nell		b. (Middle)		c. (Last) Wheeler		4. DATE OF DEATH (Month) (Day) (Year) 7-12-49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 5-7-64	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John McNamara		13b. MOTHER'S MAIDEN NAME Mary Sherman		14. NAME OF HUSBAND OR WIFE Oscar Wheeler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lee Johnson Cairo Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery thrombosis DUE TO (c) Arteriosclerotic cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal uremia, Arteriolephrosclerosis, Hypostatic bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 20 days " Unknown 7 days Unknown 6 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 9 STATE			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H.S. 21			
22. I hereby certify that I attended the deceased from 6-25-49, 19__, to 7-12-49, 19__, that I last saw the deceased alive on 7-12-49, 19__, and that death occurred at 8:25 Am, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Burnet H. Peden, M.D. U				23b. ADDRESS 1325 S. Grand (4)		23c. DATE SIGNED 7-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Motor-Removal		24b. DATE 7/13/49		24c. NAME OF CEMETERY OR CREMATORY To: Karcher Bros. F. H.		24d. LOCATION (City, town, or county) (State) Cairo, Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 13 1949 J. B. Loran		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U&L Co. 7814 S. Edwy City					

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lewis C. Hoffmeyer*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.