

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35457  
8981

State File No. ....

FILED NOV 3 1950

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4616 McPherson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara F.</u> b. (Middle) _____ c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jul. 11, 1884</u>		9. AGE (In years last birthday) <u>66</u>	10. UPPER: YEAR _____ MONTHS _____ DAYS _____	11. LOWER: HOUR _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Wm. Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Morrissey</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Wheeler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas B. Wheeler 916 Wilmington</u>			
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) <u>metastatic carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of liver and brain</u> DUE TO (c) <u>Primary carcinoma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of descending colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>3 yrs</u>
19a. DATE OF OPERATION <u>1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above (c)</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1947</u> to <u>Oct 20, 1950</u> , that I last saw the deceased alive on <u>Oct 20, 1950</u> , and that death occurred at <u>2 2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George A. O'Sullivan, M.D.</u> (Degree or title)				23b. ADDRESS <u>421 N. Schirmer</u>		23c. DATE SIGNED <u>Oct 20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Insator</u>		FUNERAL DIRECTOR'S SIGNATURE <u>St. Bern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd</u>	

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

Mr. O'Sullivan  
421. W Schumier  
1 to 3

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.

Student Embalmer No.....

Signed.....

*David E. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4341*

P. O. Address *6522 So Blvd*

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.