

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21572

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 3063 | | Registrar's No. 2089 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 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 town) Clayton | | c. LENGTH OF STAY (In this place) 3 1/2 Hrs. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital | | | | d. STREET ADDRESS (If rural, give location) 4019 Green Lee Place | | | |
| 3. NAME OF DECEASED (Type or Print) Ida | | a. (First) | | b. (Middle) | | c. (Last) Wheeler | |
| 4. DATE OF DEATH May 5, 1951 | | 4. DATE (Month) (Day) (Year) | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH March 10, 1877 | | 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Foreston, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME Daniel Sharer | | 13b. MOTHER'S MAIDEN NAME Hannah Mitchell | | 14. NAME OF HUSBAND OR WIFE Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mr Benjamin H Wheeler, 6916 Woodrow Ave. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 4434 | |
| 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 5-5, 1951 , to 5-5, 1951 , that I last saw the deceased alive on 5-5, 1951 , and that death occurred at 4:00 A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE X. X. Cable | | (Degree or title) M.D. | | 23b. ADDRESS 601 S. Brentwood, Clayton | | 23c. DATE SIGNED 5-5-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | | 24b. DATE 5-8-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | |
| DATE REC'D BY LOCAL REG. 5-7-51 | | REGISTRAR'S SIGNATURE Herbert P. Blank, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 East Fair Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Horner W. Drury

Licensed Embalmer No. 3882

P. O. Address 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.