

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10748

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2725

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) township) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City 0501
d. STREET ADDRESS (If rural, give location) Highway 61

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) D. c. (Last) Wheatly
4. DATE OF DEATH (Month) (Day) (Year) March 20, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 29, 1895
9. AGE (In years last birthday) 56 Months 9 Days 21 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist 10b. KIND OF BUSINESS OR INDUSTRY P.P.G. Co. 11. BIRTHPLACE (State or foreign country) Palatka, Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Vardell D. Wheatly 13b. MOTHER'S MAIDEN NAME Jennie Thomas 14. NAME OF HUSBAND OR WIFE Sadie

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. D. Wheatly ADDRESS Crystal City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery thrombosis 1 month 22 days
DUE TO (c) Arteriosclerotic heart disease One year
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H200

22. I hereby certify that I attended the deceased from March 18, 1952, to March 20, 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jeffrey Edwards M.D. 23b. ADDRESS 3720 Washington Blv. St. Louis, Mo. 23c. DATE SIGNED March 21, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 23-1952 24c. NAME OF CEMETERY OR CREMATORY Rosehawn Memorial Garden 24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. MAR 24 1952 REGISTRAR'S SIGNATURE Charles Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Emory P. Pollette ADDRESS Crystal City, Mo.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Gentry R. Polite

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo

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.