

STANDARD CERTIFICATE OF DEATH

33565
State File No. 9035
Registrar's No.

FILED OCT 7 1952

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BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison	
c. LENGTH OF STAY (In this place) 4 months		d. STREET ADDRESS (If rural, give location) 814 Webster	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES			b. (Middle) WHEELER		
c. (Last)			Sept 27, 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 23, 1869	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City of Madison		11. BIRTHPLACE (City and State or Foreign Country) Carlo, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Wheeler		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Wheeler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Wheeler-814 Webster-Madison, Ill.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Tongue with extensive and distant metastasis		DUE TO (b) Undetermined			Undet.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None			

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) (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 141X		

22. I hereby certify that I attended the deceased from 6-1, 1952, to 9-27, 1952, that I last saw the deceased alive on 9-27, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Bell Smith M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 9-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 29, 1952		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. SEP 29 1952		REGISTRAR'S SIGNATURE Carl Bell Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home-East St. Louis, Ill.	
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(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 *Thomas M. Johnson*

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address ~~East St. Louis, Illinois~~

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.