

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32591**

| | | | | | | | | |
|---|---------------------------|---|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 548 | | Registrar's No. 2161 | | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN Webster Groves | | c. LENGTH OF STAY (in this place) 9 Yrs | | c. CITY OR TOWN Webster Groves | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 14 Armin Place | | | | e. STREET ADDRESS (If rural, give location) 14 Armin Place | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALTA b. (Middle) PATTERSON c. (Last) WHEELER | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-10-1954 | | | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-18-1889 | | 9. AGE (In years last birthday) 64 | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 18 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME E. E. Patterson | | 13b. MOTHER'S MAIDEN NAME Elizabeth Cherry | | 14. NAME OF HUSBAND OR WIFE Charles C 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.C. Wheeler 14 Armin Pl. | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alleged - Glioma (brain tumor - upper frontal) | | | | MEDICAL CERTIFICATION Caesifig | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (b) _____ | | | | |
| | | DUE TO (c) _____ | | | | | | |
| 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) 193X (COUNTY) | | | | |
| 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? | | | | |
| 22. I hereby certify that I attended the deceased from Aug , 19 52 , to Sept 10 , 19 54 , that I last saw the deceased alive on Sept 10 , 19 54 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Miss P. Bean M.D. | | 23b. ADDRESS 25th Central - 5- | | | 23c. DATE SIGNED 9/10/54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-11-1954 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Kirkwood Mo. | | | |
| DATE REC'D BY LOCAL REG. 9/10/54 | | REGISTRAR'S SIGNATURE Walter R. ... | | FUNERAL DIRECTOR'S SIGNATURE Walter R. ... | | ADDRESS Webster-aldrich 7. Home Webster Groves 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leslie Halch

Licensed Embalmer No.....
439

P. O. Address.....
Halch's Gro.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.