

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 9 9 7

State File No. 5672

FILED JUN 25 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5672</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u>				b. COUNTY <u>✓</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1127 O 4823 Fountain</u>					
3. NAME OF DECEASED (Type or Print) <u>Everett</u>			a. (First)			b. (Middle)			
c. (Last) <u>Wheeler</u>			4. DATE OF DEATH <u>6-14-57</u>		(Month) (Day) (Year)				
5. SEX <u>male</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div.</u>		8. DATE OF BIRTH <u>Sept, 29, 1909</u>		9. AGE (In years last birthday) <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Joe Wheeler</u>			13b. MOTHER'S MAIDEN NAME <u>Millie ?</u>			14. NAME OF HUSBAND OR WIFE <u>unk.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Johnson</u>				ADDRESS <u>4308 Labadie Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>35 min.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>3 mo.</u>	
				DUE TO (c) <u>Generalized Arteriosclerosis</u>				<u>3 mo.</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				<u>3 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>						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? _____					
22. I hereby certify that I attended the deceased from <u>6-7-57</u> , 19____, to <u>6-14-57</u> , 19____, that I last saw the deceased alive on <u>6-14-57</u> , 19____, and that death occurred at <u>2:35 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John W. Beckham, M.D.</u>				(Degree or title)		23b. ADDRESS <u>5800 Arsenal St.</u>		23c. DATE SIGNED <u>6/15/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/21/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>JUN 18 '57</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home</u>				
					ADDRESS <u>3100 Easton Ave.</u>				

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 *Arthur L. Helliard*.....

Licensed Embalmer No. *472*.....

P. O. Address *3100 East*.....

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.