

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004222

FILED VS FEB 11 1960

SL 22076

2 1286

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in 1b 8 days	c. CITY OR TOWN CARLYLE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -----
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
ROBERT	H.	WHEELAN	FEBRUARY	3, 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/31/10	9. AGE (last birthday) 49
			IF UNDER 1 YEAR	IF UNDER 24 HR
			Months	Days
			Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BARTELSON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JAMES L. WHEELAN	13b. MOTHER'S MAIDEN NAME CLARA S. JOFFRAY	14. NAME OF HUSBAND OR WIFE -----	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2	16. SOCIAL SECURITY NO. 342-05-8783	17. INFORMANT Ida Roan, 2208 Charlack, Overland, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
IMMEDIATE CAUSE (a)	CORONARY THROMBOSIS	
ARTERIOSCLEROTIC HEART DISEASE	-----	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	-----
	DUE TO (c)	420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
VA	1/26/60	2/3/60	VA	VA
21. I attended the deceased from 1/26/60 to 2/3/60 and last saw him alive on 2/3/60 Death occurred at 1:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Andrew Felt'sch M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-6-1960	23c. NAME OF CEMETERY OR CREMATORY CARLYLE
24. FUNERAL DIRECTOR JOHN KASSLY, EAST ST. LOUIS, ILL.		23d. LOCATION (City, town, or county) CARLYLE, ILL.
25. DATE RECD. BY LOCAL REG. FEB 4 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

711 8. B.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kissel

Licensed Embalmer No. 9912

P. O. Address East Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.