URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-017464

FILED VS APR 2 9 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3542

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 23 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alexian Bros. Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis

c. CITY OR TOWN: Lemay — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 923 Dammert Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frank — Middle: D. — Last: Wheeler

4. DATE OF DEATH: Month: March — Day: 28 — Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/28/1891

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Retired) Shearer

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Shipbuilding

11. BIRTHPLACE (City and state or country): Williamsport, Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wesley Wheeler

13b. MOTHER'S MAIDEN NAME: Anna Taylor

14. NAME OF HUSBAND OR WIFE: Caroline Meppiel Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 497 03 7403

17. INFORMANT: Caroline Wheeler — Address: 923 Dammert Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Generalized Metasis

DUE TO (b): Carcinoma of the lung 163x

DUE TO (c):

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12-17-59, to 3-28-60 and last saw her/him alive on 3-27-60.

Death occurred at 6:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. P. Steinbach

22b. ADDRESS: 2653 Telegraph

22c. DATE SIGNED: 3-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Mar. 31, 1960

23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. Hoffmeister Mortuaries, 7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 29 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.H.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Lewis C. Hoffman

Signature of Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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