

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33996

**1. PLACE OF DEATH**

County St Louis  
Township Central  
City Fairmount

Registration District No. \_\_\_\_\_  
Primary Registration District No. 6033  
(No. 6824, Fairmount Ave)

File No. \_\_\_\_\_  
Registered No. 269  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline Frances Wheat

(a) Residence, No. 6824 Fairmount St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>late James A. Wheat</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER FATHER 13. NAME M. Jackson Auldhaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown Barker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Claire Kelly

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chary Cemetery DATE Sept. 19 1934

19. UNDERTAKER (ADDRESS) Wm. G. Chamber

20. FILED 9-18- 1934 M. Baehner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6<sup>th</sup>, 1924 to Sept 17<sup>th</sup>, 1934

I last saw her alive on Sept 17<sup>th</sup>, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Maxilla (left)  
45 D  
45  
Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. J. Gallagher M. D.  
(Address) 110 Theatre Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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