

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
220 Louise Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ida Adeline Wheeling

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Wheeling

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 1 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Pevely Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Nicholas Keith

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bishop

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Maddern

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 11-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Cemetery

18. (a) Signature of funeral director Benham Und. Co.

(b) Address Bonne Terre, Missouri

19. (a) Nov. 23, 1942 (b) Byrdie Bukhmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. 216 N. Allen St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th  
year 1942 hour 9 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from April 7, 1942, to November 14, 1942.  
that I last saw her alive on November 14, 1942.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to Cardio-vascular-mal disease

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature David E. Smith (M. D. or other) M.D.

Address Bonne Terre, Mo. Date signed 11/14/42

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

94  
2  
1

94  
2

IDA WHEELING

MOTHER FATHER

131 a

1176

RECEIVED

District Health Officer No. 3  
District File Number 1242-1438  
Date Filed 12-8-42

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, on 12/8/42

Eleuan Province

Registered Apprenticeship No.         

~~Working under my personal supervision~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, Missouri

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 this body is not embalmed, fact should be so stated above.