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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35363

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2501

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Nov. 6, 1943 (Specify whether
In this community One day.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? - - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WHEELES, John L.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife - - 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased Oct. (Month) 12 (Day) 1879 (Year)

8. AGE: Years 64 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Washington Co., Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Unavailable

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant M. Schelly Cl. Clerk,
(b) Address Vets.Adm.Facility, Jeff.Brks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov.9,1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ina, Illinois
18. (a) Signature of funeral director C. Hoffmeister U.L.C.
(b) Address 7814 S. Broadway
19. (a) NOV 10 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th year 1943 hour 5:35 A.M. minute M.

21. I hereby certify that I attended the deceased from November 6, 1943, to November 7, 1943; that I last saw him alive on November 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE, WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY. — Duration: UNKNOWN

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death) BRONCHITIS CHRONIC, WITH ACUTE EXACERBATION. — UNKNOWN.

Major findings:
Of operations No
Of autopsy No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer, Jeff.Brks., Mo. Date signed 11-8-43

(Licensed Embalmer's Statement on Reverse Side)

## 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

Paul Q. Franklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul Q. Franklin

Licensed Embalmer No. 3472

P. O. Address 78 Broadway

**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.**