

FILED JUN 19 1944

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution) write street number or location 0
(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days) eight years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 10821 T Anastasia 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wheaden, George

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bernadine Wheaden 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 26 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 12 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation Boiler Maker

11. Industry or business _____

12. Name Thomas Wheaden

13. Birthplace England (State or foreign country) 4

14. Maiden name Mary Hallet

15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Self

(b) Address 10821 T Anastasia Dr
Burial (b) Date thereof 6/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Blvd.

19. (a) JUN 9 - 1944 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1944 hour 6:40 minute AM M.

21. I hereby certify that I attended the deceased from 5
10 - 19 44 to 6 - 7 19 44

that I last saw him alive on 6-7- 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Unrecognized arteriosclerosis

Due to _____

Other conditions Healed pulmonary tuberculosis
(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) _____
(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) (e) Means of injury _____

23. Signature John A. Nelson, M.D. (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 6-7-44

Duration

3

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
2
3

JUN 19 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Sheldon Collier*
Licensed Embalmer No. *3382*
P. O. Address.....

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.