V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 4982

Registrar's No. 894

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Mo. 22 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Alabama (b) County

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

(d) Street No. Rural Box 115 NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George W. Wheeler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Wheeler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 7. 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	22	hr. min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Store Keeper

11. Industry or business Gulf, Mobile & Ohio Ry.

FATHER
12. Name Unknown
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Wheeler
(b) Address Boc 115 Whistler, Ala.

17. (a) Removal (b) Date thereof 1/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mobile, Alabama

18. (a) Signature of funeral director W. A. Hook
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 29 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 29
year 1945 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lung Abscess Atelectasis of the left lower Lobe ~~[illegible]~~ Malignant

Due to Deceased died during operation from

Due to (ones) for Cause of Lung

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 47

Duration

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)

(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? (e) Means of injury

23. Signature Patrick E. Joy Jr. (M. D. or other)

Address Ely Nev Date signed 1/29/38

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1945

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.