

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

52733

State File No. _____
Registrar's No. 5322

FILED JUL 20 1945
Registration District No. 818

Primary Registration District No. 1003

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

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:
2317 Cole St
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2317a Cole St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Celia Wheeler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife James Wheeler

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

7. Birth date of deceased Sept. - 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 1945 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from June 63 1945 to July 3 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>10</u>	<u>-</u>	_____ hr. _____ min.

Immediate cause of death Chronic Myo-Carditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unkown

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

14. Maiden name Sarah

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

16. (a) Informant Don Stearns

(b) Address 2317a Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine St.

19. (a) JUL 5 1945 (Date received local registrar) J. F. Brudeck (Registrar's signature)

Major findings: Chronic Myocarditis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other)

Address 274 1/2 Pine St. Date signed _____

MOTHER FATHER

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

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.....

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address *St. James, Mo*

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.