

3. No. 2
4-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#72003
JAN 25 1946
STANDARD CERTIFICATE OF DEATH
1003

1087
State File No. _____
401
Registrar's No. _____

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Sterkloff Memorial
(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 St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Armunda NR3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET WHEELER
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, Married
6. (b) Name of husband or wife Donald Wheeler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 7 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 10th
year 1946 hour 10:25 minute A M.
21. I hereby certify that I attended the deceased from 1/8/46
19____ to 1/10/46 19____;
that I last saw her alive on 1/10/46 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 11 Days 3 If less than one day hr. min.

Immediate cause of death Pulmonary tuberculosis
Due to _____
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) _____
(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? _____

9. Birthplace Shelby Ky 1
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
12. Name Coy
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Donald Wheeler
(b) Address 808 Armunda, Kirkwood Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-46
(Month) (Day) (Year)
(c) Place: burial or cremation Cal Hill Cem
18. (a) Signature of funeral director Lewis H. Boffin
(b) Address Kirkwood, Mo.
19. (a) JAN 14 1946 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature _____ 2515 Lafayette 1/10/46 (Date signed)
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3270

MOTHER FATHER

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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..... *Van M. Sizemore*

Licensed Embalmer No. *4343*

P. O. Address..... *2415 Berkley Pl
Maplewood, N*

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.