

FILED APR 29 1946

Registration District No. 377

Primary Registration District No. 3068

Registrar's No. 879

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3430 Big Bend /
(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

3. (a) PRINT FULL NAME William Wheaton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 9 14 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Russell Wheaton
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cleo
15. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Wheaton

(b) Address 7226 Anna Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof April 18 1946
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial Sunset

18. (a) Signature of funeral director Jay B. Smith Funeral

(b) Address 7456 Manchester

19. (a) 4/20/46 (b) E. W. Gannon, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood, Missouri 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 7226 Anna Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) A
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1946 hour ? minute _____ M.

21. I hereby certify that I attended the deceased from Death without medical attendance to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death UNKNOWN Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy No 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 E. W. Gannon, M.D. (M. D. or other) 0

Address 601 Brentwood Blvd. Date signed 4/18/46

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

10182

MAY 29 1946

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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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Mansfield

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.