

FILED

318

Primary Registration District No.

1003

State File No.

Registrar's No.

4894

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....**St. Louis**
(c) Name of hospital or institution:
St. Anthonys 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.....
years, months or days)

3. (a) PRINT FULL NAME **Daniel Wheatley**

3. (b) If veteran, name war.....**World #1**
3. (c) Social Security No. **493-05-0572**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Myrtle C. Wheatley nee Gautsche**
6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **August 20, 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 **9** **10** hr. min.

9. Birthplace **Duquion Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wireman**

11. Industry or business **Union Electric Co.**

12. Name **Robert Wheatley**

13. Birthplace **Unknown Ills.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hager**

15. Birthplace **Unknown Ills.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle C. Wheatley**

(b) Address **5024 Ruskin Ave**

17. (a) **Burial** (b) Date thereof **6/3/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **JUN 1 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5024 Ruskin Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**,
year **1946** hour **11:50AM** minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19....., 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 **Heart (last third)**
Acute form of the upper part of the body, second which
drinking as a side effect of
Aluminum Electric
Company 4637
Product 9.0042 May 29 1946

Other conditions.....
* (Include pregnancy within 3 months of death)
Electrical burn

Major findings:
Of operations.....

Of autopsy.....
1946

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence **May 29 1946**
(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?
Work

(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature **Alfred G. Perry** (M. D. or other)
Address **4637** Date signed **6/1/46**

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 Raymond F. Holmann
Licensed Embalmer No. 4266
P. O. Address St. Louis 7 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.