

FILED MAY 14 1947
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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:
4001 Lafayette Avenue.
(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 **Edwin T. Wheatley.**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **488-07-3398**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **November 24, 1894**
(Month) (Day) (Year)

8. AGE: Years **52** **53** Months **5** Days **8**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Machinist.**

11. Industry or business _____

12. Name **William Wheatley.**
13. Birthplace **Dont know.**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont know.**
15. Birthplace **Dont know.**
(City, town, or county) (State or foreign country)

16. Informant **Mrs. Viola Wheatley.**
17. Address **4001 Lafayette Avenue.**
18. (a) Burial _____ (b) Date thereof **5-5-1947.**
(Burial, cremation, or removal) (Month) (Day) (Year)
19. Place: burial or cremation **Valhalla Cemetery.**

18. (c) Signature of funeral director **Geo. L. Pleitsch, Inc.**
(b) Address **5966-68 Easton Avenue.**
19. (a) **MAY 3 1947** **J. F. Brebeck**
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4001 Lafayette Avenue.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2nd.**
year **1947** hour **11** minute **35 A.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: **Chronic Myocarditis**
Hypertension
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? _____

While at work? _____ (Specify type of illness) _____
23. Signature **Robert E. [unclear]** M. D. of Office _____
Address _____ Date signed **5/3/47**

CORR. BY MOTHER, FATHER, 4-10-47, HALLOR-STALLS

RECORD - MAKE A PLACEMENT RECORD

8

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.....

Rex E Campbell

Licensed Embalmer No.....

3881

P. O. Address.....

W. Davis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of St. Louis ss.

State File No. _____
Local Registrar's No. 4515

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of May, 1947, before me appears Geo. L. Pleitsch,
who, upon his oath, states that the original record of birth
for Edwin J. Whetley, died 5-2-47, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read 11-24-1894
Instead of 11-24-1893

Item No. 8 should read age 52
Instead of 53

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) X Affiant Geo. Pleitsch under power
Relationship Notary

5966-68 Eastern Ave.
Present Address.

Subscribed and sworn to before me this 14th day of May, 1947.

My Commission expires October 7, 1950, Leonard W. Traeger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

15784