

FILED MAY 8 1947
Registration District No. 3194

Primary Registration District No. 6076

State File No. 15981
Registrar's No. 992

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural, Bonhomme Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None, La Due Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Rural, Chesterfield, Mo. R. 20
(If outside city or town limits, write "RURAL")
(d) Street No. La Due Road
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wheaton Felix Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Pauline Wheaton 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased Jan. 18 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 16 ----- hr. ----- min.

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

10. Usual occupation Retired farmer

11. Industry or business Own farm

MOTHER FATHER
12. Name Frank Wheaton
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hackmann
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin Wheaton

(b) Address Chesterfield Mo. R. 20

17. (a) Burial (b) Date thereof May 4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefontaine, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin Mo.

19. (a) 5-5-47 (b) Gene S. Sapp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 3 to May 1 1947
that I last saw him alive on May 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

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 C. S. Sapp (M. D. or other) MD
Address Creve Coeur, Mo Date 5-2-47

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

76
0
0

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baltimore, 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.