

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(c) Name of hospital or institution:
Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 5 mos; 11 days
In this community 20 yrs

3: (a) PRINT FULL NAME Hattie Wheeler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased Feb 13 1897

8. AGE: Years 51 Months 5 Days 21
If less than one day hr. min.

9. Birthplace Little Rock Ark

10. Usual occupation Housework

11. Industry or business

12. Name Jeff Dixon
13. Birthplace Little Rock Ark

14. Maiden name Mary Hues
15. Birthplace Little Rock Ark

16. (a) Informant Laverne Shipp
(b) Address 2812 1/2 Stoddard St

17. (a) burial (b) Date thereof 8-9-48
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director H. Randle Don
(b) Address 3133 Bell Ave

19. (a) AUG 7 - 1948 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(d) Street No. 2214 Hickory
(e) Citizen of foreign country? (Yes or No)
If yes, name country

20. DATE OF DEATH: Month August day 4
year 1948 hour 8 minute 30 P M.
21. I hereby certify that I attended the deceased from
February 24, 1948 to August 4, 1948
that I last saw her alive on August 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the Cervix
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

Duration
Unk
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)
(c) Means of injury A
23. Signature J. B. Clayton (M. D. Registrar)
Address 2601 N. Webster Date signed 8-6-48

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.....

Lyne Hale....., Registered Apprentice No. *221*
working under my personal supervision.

Signed *J. J. Watson*.....

Licensed Embalmer No. *269A*.....

P. O. Address *2769 Chouteau*.....

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.