

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28789

318

1003

State File No. 7270

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 15		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2159 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4229 Ellenwood				d. STREET ADDRESS (If rural, give location) 4229 Ellenwood			
3. NAME OF DECEASED (Type or Print) a. (First) Ruby		b. (Middle) A		c. (Last) Wheeler		4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 20, 1871	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (State or foreign country) Canada 2		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Stockwell		13b. MOTHER'S MAIDEN NAME Wilcox		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Phillip Dow 4229 Ellenwood			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis & myocardial degeneration</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>arteriosclerotic HEART</i> DUE TO (c) <i>DISEASE</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH !	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>4250</i>			
22: I hereby certify that I attended the deceased from <i>26 Sept, 1946</i> to <i>24 Aug, 1950</i> , that I last saw the deceased alive on <i>23 Aug, 1950</i> , and that death occurred at <i>2:45 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>George A. Springman M.D.</i>				23b. ADDRESS <i>5439 Gravois</i>		23c. DATE SIGNED <i>24 Aug 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>8/26/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>N St Marcus Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo.</i>	
DATE REC'D BY LOCAL <i>AUG 26 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <i>L. Ziegenhein & Sons 7027 Gravois</i>			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Francis J. Duran

Signed.....
Student Embalmer

Licensed Embalmer No. 2245

P. O. Address St. Louis, 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.