

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16365
4069

State File No.
Registrar's No.

No. 300
10.48

FILED MAY 14 1953
BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: room no. before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis MO			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer S. Phillips		d. STREET ADDRESS 2741		2741 Hamble 2219			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) <u>S</u> c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 13 1896</u>	9. AGE (In years last birthday) <u>57</u>	10. IF UNDER 1 YEAR: Months Days <u>11 30</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>St Charles MO</u>			
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Bert Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Lowell</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <u>Chene Hall</u>		17. ADDRESS <u>2741 Hamble</u>		17. ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seizure; 2° and 3° burned</u> ANTECEDENT CAUSES <u>50% of body, suffered when</u> DUE TO (b) <u>deceased was burned when</u> DUE TO (c) <u>bed because ignited from</u> II. OTHER SIGNIFICANT CONDITIONS <u>lit cig arette while a patient</u> Conditions contributing to the death but not related to the disease or condition causing death <u>at Homer S. Phillips Hosp about</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>700 pps April 15 1953</u> <u>accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hosp</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 15 53 7:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9167</u>			
22. I hereby certify that I attended the deceased from <u>11:30</u> p.m., to <u>1:00</u> p.m., 19 <u>53</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>53</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above. <u>16</u>							
23. SIGNATURE <u>Nathan E. Taylor</u>			23b. ADDRESS <u>1300 Oak Ave</u>		23c. DATE SIGNED <u>4-20-53</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 20 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Ambreen</u>			
				ADDRESS <u>4214 Delmar</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy V. Pannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.