

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003630

STATE FILE NUMBER  
2-565  
Registrar's No.

FILED FEB 3 1959

Registration District No. \_\_\_\_\_ Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS (If outside, give location) 2139 5550 Dugan Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HELEN C. WHEELER		4. DATE OF DEATH Month Day Year Jan. 16 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Michael J. Carroll		13b. MOTHER'S MAIDEN NAME Margaret Desmond	14. NAME OF HUSBAND OR WIFE Christ J. Wheeler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 495-26-6867	17. INFORMANT Address Christ J. Wheeler 5550 Dugan Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1-14-59</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bacterial Pneumonitis</i>			<i>1-11-59</i>
DUE TO (c) <i>Arterio Sclerosis 492X</i>			<i>April 1957</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>Jan. 1954</i> to <i>Jan 16 1959</i> and last saw her alive on <i>1-15-59</i> Death occurred at <i>5:00 A.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Rind</i> (Degree or title)		22b. ADDRESS <i>5417 So Grand Blvd</i>	22c. DATE SIGNED <i>1-16-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshausen 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. JAN 16 '59	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 .....  
Signature of Student Embalmer

Signed *Edwin A. McHerratt* .....  
Licensed Embalmer No. *3024* .....  
P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.