MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033019

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7941 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED AUG 22 1962

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 — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp. No. 1 — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3218½ Chouteau — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Rebecca Middle: Last: Wheeler

4. DATE OF DEATH Month: 8 Day: 12 Year: 62

5. SEX: F

6. COLOR OR RACE: C

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 9/25/95

9. AGE (last birthday): 66 — IF UNDER 1 YEAR Months: 10 Days: 18 — IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Miss.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Seab White

13b. MOTHER'S MAIDEN NAME: Ida ?

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 serv

16. SOCIAL SECURITY NO. A

17. INFORMANT: William Amerson Address: 3218½ Chouteau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Subdural Hemorrhage resulting from fractured skull; multiple fractures of the ribs on right side; Retroperitoneal Hemorrhage, suffered

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) while passenger in a car operated by one William Amerson involved in collision with car

DUE TO (c) operated by one Anton Brendel at intersection

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

of Jefferson & Market on Aug. 12, 1962 about 6:30 p.m.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 ____ to ____ and last saw her/him alive on ____

Death occurred at 10:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or Title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/18/62

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) St. Louis, County, (State) Mo.

24. FUNERAL DIRECTOR A. F. Walton ADDRESS 2707 Stoddard St.

25. DATE RECD. BY LOCAL REG. AUG 14 1962

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
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75

USE BLACK INK OR TYPEWRITER RIBBON

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor.

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.