MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7918

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 7918

Township ..... Primary Registration District No. 1006 ..... Registered No. 2288

City St. Louis (No. Mo. Bapt Hosp St. ..... Ward)

2. FULL NAME Andrew J. Wheeler

(a) Residence. No. 6211 Derby Ave St., 12 Ward. St. Louis, Ca Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winona Wheeler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	9	20	

8. OCCUPATION OF DECEASED 128

(a) Trade, profession, or particular kind of work Railroad Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer) Terminal R R Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Winchester
(STATE OR COUNTRY) Indiania ?

PARENTS

10. NAME OF FATHER Ezekial Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't know ?

12. MAIDEN NAME OF MOTHER Lucinda Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. Russell C. Wheeler
(Address) 6211 Derby Ave

15. FILED 20, 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1931

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1928, to Feb 19, 1931 that I last saw him alive on Feb 18, 1931, and that death occurred, on the date stated above, at 12.05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
824
102

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Vascular hypertension

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) Samuel B. Grant, M. D.

Feb 20, 1931 (Address) 3720 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemetery	2-21 1931
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3720 [illegible]

1st of 502

[illegible]