

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

Do not use this space.

APR 9 1935

791
1003

10660

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. City, Town, or Village)..... St. Ward

File No.....
Registered No. 2286

2. FULL NAME

(a) Residence, No. 3335 N. 11th St. 26 Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 21 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Edward Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Virginia Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Dr. J. P. Keefe

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE March 9 1935

19. UNDERTAKER A. W. M. Laughlin

(ADDRESS) 2301 Lafayette

20. FILED 9 1935 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1935, to 3/7, 1935

I last saw him alive on 3/7, 1935 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis, acute
Abdominal general
B. coli
Pneumonia, Bronchial
Operation disclosed rupt. append.
Other contributory causes of importance:

171
Name of operation Appendectomy Date of 3/7/35
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) A. H. Lawrence, M. D.
(Address) City Hosp. # 1

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.

