

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1782

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.

JAN 13 1936

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

Do not use this space.

41596

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis.**

(No. **City Hospital #1**)

File No.....

**10750**

Registered No.....

St. .... Ward)

2. FULL NAME **Wheeler Dowland**

(a) Residence, No. **2701a So. 10th St.** St. **23** Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15, 1885.**

7. AGE YEARS **50** MONTHS **7** DAYS **2** IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Peddler** 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) **Louisiana.**

FATHER 13. NAME **Dock Dowland**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana.**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mollie Dowland 2701a So. 10th. St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathew Cem.** DATE **Dec. 20, 1935**

19. UNDERTAKER (ADDRESS) **J. H. Huber and Co. 2842 Meramec St.**

20. FILED **DEC 19 1935** **J. F. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 17, 1935**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **11:30 A.M.**

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

*Traumatic Loss of Leg  
Hemorrhage of top of Brain  
Laceration of Head*  
**1935**  
Other contributory causes of importance:  
*Manner and cause of same could not be ascertained*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Yes** Date of injury **12/16, 1935**

Where did injury occur? **St. Louis, Mo.**  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
**Public Place**

Manner of injury **Could not be ascertained**

Nature of injury **Traumatic Loss of Leg**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....  
(Signed) **Harold P. Huber**

(Address) **St. Louis, Mo.**

10036-11-24-33

