

4UG - 5 1937

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

Do not use this space.

25955

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Luke's Hosp.)

File No.

Registered No. 7129

St. Ward)

2. FULL NAME

(a) Residence, No. 6235 Southwood St., 5 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.

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. E. C. Wheaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1864

7. AGE YEARS 72 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) Wis.

13. NAME Unknown

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

15. MAIDEN NAME ..

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

17. INFORMANT William Wheaton (ADDRESS) 6235 Southwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE July 27, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 1456 Manchester Ave., Northwood Mo.

20. FILED 27 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, that I attended deceased from July 22 1937, to July 25 1937

I last saw him alive on July 25 1937 Death is said

to have occurred on the date stated above, at 10:50 a.m.

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

Post-operative embolism probably to brain Date of onset Instant

Carcinoma of bowel

Other contributory causes of importance: No

Name of operation Mikulicz (Intest. Obst.) Date of 7-24-37

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?..... 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) O. S. Ursin

(Address) St. Luke's Hosp. St. Louis M. D.

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.

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