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.

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
County: Saint Louis
Township: Carondelet
City: Jefferson Barracks (No. ..., U.A.F. ... St. ... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 31338
Registered No. 330

2. FULL NAME: Hubert WHEELER

(a) Residence, No. ... St., ... Ward. Elsberry, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 15, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) May, 1928
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsberry, Missouri.

FATHER
13. NAME Charles Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Katherine Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Clinical Clerk M. Schulley
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elsberry Mo. DATE Aug 18 1937

19. UNDERTAKER W. D. Bradley
(ADDRESS) Elsberry Mo

20. FILED Aug 16 1937 Mrs Hedy Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~July 28~~ August 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to August 16, 1937
I last saw him alive on August 16, 1937. Death is said to have occurred on the date stated above, at 2:25 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tertiary Syphilis, cerebro-spinal type.	Unkn.

Other contributory causes of importance:

Arteriosclerosis and hypertension with myofibrosis.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. & clinical manif. and laboratory 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? ...
If so, specify ...

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

APR 19 1946