

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123 File No. 35349  
 Township Carondelet Primary Registration District No. 6248 B Registered No. 403  
 City Jefferson Barracks (No. V) Veterans Adm. Facility St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wheeler DEAN

(a) Residence, No. 19 North 14th Street St. \_\_\_\_\_ Ward. E. St. Louis, Illinois  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. Unkn. 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) Not known

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
A bt. 42

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Not known  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known  
 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) Not known

FATHER  
 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER  
 15. MAIDEN NAME Winnie - Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Records  
 (ADDRESS) VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. Oct. 1, 1937

19. UNDERTAKER (ADDRESS) Charles G. Gates  
4107 Finney Avenue

20. FILED Sept 30 1937 Murray  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27 1937

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1937, to September 27, 1937  
 I last saw him alive on September 27, 1937. Death is said to have occurred on the date stated above, at 11:00 P. M.

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

Transverse myelitis, as result of injury to 5th and 6th cervical vertebrae. Date of onset 9-26-37  
Fall down flight of stairs.  
 Other contributory causes of importance: Broncho-pneumonia, bilateral Unkn.  
Fracture cervical vertebrae.  
Transverse myelitis.

Name of operation None Date of \_\_\_\_\_  
Autopsy findings 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? Accident Date of injury 9-26-37  
 Where did injury occur? Elks Hall, E. St. Louis, Ill.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Pushed down stairs by man at dance  
 Nature of injury Fracture of vertebrae

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Campbell M. D.  
 (Address) Carone St. Louis

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.

