REC'D JUN 9 1938

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

16636
Do not use this space.

791
1008
4497

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 4497
(c) City St. Louis Mo (d) Street No. 1609 So. Grand Bl. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank B. Wheeler 460
(a) Residence, No. 1609 So. Grand Bl. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah H. Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1849
7. AGE YEARS 88 MONTHS 11 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as 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) Batavia N.Y.

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

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

17. INFORMANT (ADDRESS) Mrs. H. H. Hilbing 4963 Fountain Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 5/17 1938
19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Bull 4452 Washington Bl
20. FILED MAY 17 1938 19 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to May 15th, 1938
I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

Uraemia
Ur

Date of onset 5/13/38

Other contributory causes of importance:
Chronic Interstitial Nephr.

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

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) W. D. Aufderheide, M. D.
5/16/38 (Address) 3103 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John Letter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John Letter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)