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.

DEC 12 1938

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

Do not use this space. 37837

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 10164
(d) Street No. St. John's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edgar P. Wheeler Sr. 460
(a) Residence, No. 6441a Wade Ave. St. 4
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1874
7. AGE Years 63 Months 11 Days - If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. Schllin Steel
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) St. Louis, Mo. 0

FATHER
13. NAME Benoia S. Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 2

17. INFORMANT (ADDRESS) Mrs. Myrtle Wheeler 6441a Wade
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Nov. 24 - 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle U.Co. 2331 So. Broadway
20. FILED NOV 23 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1938, to 11/21, 1938
I last saw him alive on 11/21/, 1938. Death is said to have occurred on the date stated above, at 11:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder Carcinoma Urinary	2 yrs
51 B.	

Other contributory causes of importance: General Metastases

Name of operation Trans Urethr Resection Date of 10/18/38
What test confirmed diagnosis? — 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? no
If so, specify
(Signed) Leo S. Bartels, M. D.
(Address) 313 N. 9th

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Frank J. Hyland Sr., or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 1665

P. O. Address St. Louis Mo.

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

If this body is not embalmed, above space should be left blank.