

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9259**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)

In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME John M. Wheeler

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Wheeler

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 3, 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>8</u>	<u>6</u>	hr. min.

9. Birthplace Bedford County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Southwest Auto & Vehicle Co.

MOTHER FATHER

12. Name William N. Wheeler

13. Birthplace Bedford County Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Maxwell

15. Birthplace Bedford County Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Wheeler

(b) Address 3104 Gurney

17. (a) Burial (b) Date thereof 11/11/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Bell Buckle Tenn.

18. (a) Signature of funeral director Wacker Kelderle

(b) Address 2331 S. Broadway

19. (a) NOV 11 1940 (b) J. B. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3104 Gurney  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1940 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from 11/1/40  
\_\_\_\_\_, 19\_\_\_\_, to 11/9/40, 1940  
that I last saw him alive on 11/9/40, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Type 3 Right

Duration 8 days.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Steve Simpson (M. D. or other) M.D.

Address 3739 Gravois Ave Date signed 11/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision..

Signed.....

*Robert Wheeler*

Licensed Embalmer No.....

*2128*

P. O. Address.....

*St Louis mo*

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

If this body is not embalmed, fact should be so stated above.