

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

19041

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3883

FILED MAY 17 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17919

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:
2322 Tower Grove Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME ROY WHEELER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased September 6, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>7</u>	<u>21</u>	hr. min.

9. Birthplace Boyd, Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Unemployed

12. Name David Wheeler

13. Birthplace At Sea, Enroute from England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Steenburg

15. Birthplace Lewiston, Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Wheeler

(b) Address 4208a Folsom Avenue

17. (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) APR 29 1946 (b) J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4208a Folsom Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1946 hour 3:00 minute..... M.

21. I hereby certify that I attended the deceased from April 1st
1946 to April 27, 1946,
that I last saw h. us alive on April 23, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Tuberculosis (Pulmonary) 3 yrs

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)

(c) Means of injury.....

23. Signature S. Dworkin (M. D. or other) MD
Address 16 57th Grand Date signed 27 April 46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUL 31 1957

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.....

L P Cooper
Licensed Embalmer No. 3633

P. O. Address. 2301 Lafayette Avenue

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.