

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034940
STATE FILE NUMBER

HEP OCT 14 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2537

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4534 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY-HOSP		Length of stay in lb 12 HRS	d. STREET ADDRESS (If outside, give location) 2031 FLAMEDA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last PRESTON LEE WHEELSS			4. DATE OF DEATH Month Day Year Oct. 1 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-13-1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Foreman	10b. KIND OF BUSINESS OR INDUSTRY Auto Body Mfg	11. BIRTHPLACE (City and state or country) NASHVILLE TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JAMES Wheelss	13b. MOTHER'S MAIDEN NAME SARAH EWING	14. NAME OF HUSBAND OR WIFE EMMA-THALMAN Wheelss
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486-14 8523	17. INFORMANT EMMA-Wheelss Address - ABOVE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 9/30/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Thrombosis		
DUE TO (c) Arteriosclerotic Heart Disease		10/1/58

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 465X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 9-30-58 to 10-1-58 and last saw ^{him} alive on 10-1-58 Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Spens M.D.	22b. ADDRESS 601 So. BRENTWOOD, CLAYTON, MO.	22c. DATE SIGNED 10-1-58
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23a. FUNERAL HOME REARNOUL	23b. DATE 10-3-58	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM	23d. LOCATION (City, town, or county) (State) ST. Louis MO
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24. FUNERAL DIRECTOR JAY. B. SMITH - Maplewood 17 Mo	25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE Herbert R. Drake M.D.
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All diseases in Part I must be causally related. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. No symptoms will be listed.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. B. Burgess*

Licensed Embalmer No. *4029*
P. O. Address *J. Maploward*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.