

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

Do not use this space.

207810000

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 2011 & No. Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harvey L. Wheeler  
 (a) Residence. No. 2011 of North Broadway Ward 26  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hillsboro  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jessie Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hillsboro  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Stella Payne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

14. INFORMANT Ransie Payne  
 (Address) 2011 N. Broadway

15. FILED JUN 9 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1930, to June 8, 1930, that I last saw him alive on June 7, 1930; and that death occurred, on the date stated above, at 4:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Marasmus, due to  
Enteritis  
11 B  
150 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Cyanosis  
 (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED 11 B  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? 90 DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? 90  
 WHAT TEST CONFIRMED DIAGNOSIS Symptoms  
 (Signed) Norman L. Watkins M. D.

6-9, 1930 (Address) 2728 N-11. St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews Center DATE OF BURIAL 6/9 1930

20. UNDERTAKER A. N. McLaughlin ADDRESS 1631 Missouri

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.

2

RECORD

