

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

16856

Do not use this space.

4390

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City..... Saint Louis (d) Street No. Peoples 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna Wheeler

(a) Residence, No. 3936 West Belle Place St. /// (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 68 --- --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleswoman
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Saint Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unk. Nash

14. BIRTHPLACE (CITY OR TOWN)..... Unavailable
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hilda--Unknown

16. BIRTHPLACE (CITY OR TOWN)..... Unavailable
 (STATE OR COUNTRY) Missouri

17. INFORMANT Lucy Lockhardt
 (ADDRESS) 3936 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood Cemetery May 12, 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
 (ADDRESS) 4107-09 Finney Avenue

20. FILED J. B. Rudolph
 Local Registrar

MAY 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939, to May 8th, 1939

I last saw her alive on May 8th, 1939 Death is said to have occurred on the date stated above, at 12:30 m. p.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of the pancreas

Date of entry 4/8/39

Other contributory causes of importance:

Name of operation Date of.....
 What test confirmed diagnosis? Clinical 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) [Signature] M. D.
 (Address) 2340a Market Street

WHOLE PRINT WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X 1663

STATEMENT BY LICENSED EMBALMER

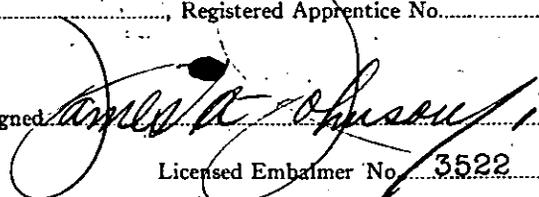
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

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

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, above space should be left blank.