

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35709

FILED OCT 28 1946
318

State File No. _____
Registrar's No. 8907

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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. 4505 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME Harrison M. Wheeler
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Hazel Wheeler
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased October 14 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17
year 1946 hour 1 minute 40 M.
21. I hereby certify that I attended the deceased from
September 19, 1946 to October 18, 1946
that I last saw him alive on October 16, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 0 Days 3
If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of the stomach
Duration unknown
Due to probably several months

9. Birthplace St. Clair Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Engineer

Other conditions Carcinoma of the liver
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Charles Wheeler
13. Birthplace Wheelersburg Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Brewer
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations Carcinoma of the stomach and liver metastasis
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Nathan Wheeler
(b) Address 10038 Dorothy Ave.
17. (a) Burial (b) Date thereof 10-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair, Missouri

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? _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) J. F. Bredeek (b) _____
(Date received) (Registrar's signature)

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature George F. Rendleman, M.D.
Address 812 Olive Date signed 10/17/46

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 *John Gyoroski*
Licensed Embalmer No. *3398*

P. O. Address.....

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.