

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1952
BIRTH NO. 81946

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9848

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 2099 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 5121 a N. Broadway	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Infant Wheeler		b. (Middle) Wheeler	
c. (Last) Wheeler		Oct 25th 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct 25th, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 0 11. BIRTHPLACE (State or foreign country) St. Louis
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Paul Wheeler	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Alvera Hartman	
14. NAME OF HUSBAND OR WIFE		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. none		17. INFORMANT'S SIGNATURE OR NAME Paul Wheeler, 5121a N Broadway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Py-maturity		19b. MAJOR FINDINGS OF OPERATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		776X	
22. I hereby certify that I attended the deceased from 10-25, 1952, to 10-25, 1952, that I last saw the deceased alive on 10-25, 1952, and that death occurred at 7:05 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Clifford R. Keshie, MD (Degree or title)		23b. ADDRESS 35 N. Central Clayton	
23c. DATE SIGNED 10-26-52		24a. BURNING, CREMATION, REMOVAL (Specify) burial	
24b. DATE 10/27/52		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 27 1952 J. Carl Smith, MD		Diedrich F. Home 8319 Hallsferry	

