

WRITE PLAINLY, 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.

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

Do not use this space.

10101

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 28
 City St. Louis Mo. (No. Sanitarium)..... St. Sanitarium Ward)

2. FULL NAME

Benjamin Wagner
 (a) Residence, No. 2931 Markland St., 13 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 65 yrs. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26th 1868

7. AGE YEARS 63 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sanitarium
 10. Date deceased last worked at this occupation (month and year) Oct. 1932 10. Total time (years) spent in this occupation 2+

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

FATHER 13. NAME Phillip Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Anna Feiburger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Arthur A. Rhines 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paul St. Marquette DATE Mar 5 1932

19. UNDERTAKER (ADDRESS) Wick Bros 2111 N. 1st St. St. Louis

20. FILED 1932 Mar 5 Registrar W. C. Starck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1932, to 3-2, 1932. I last saw him alive on 3-2, 1932. Death is said

to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

(1) Heart Block (St. Adams Syndrome) Date of onset 2-25-32

(2) Broncho pneumonia Date of onset 2-29-32

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?
 If so, specify.....

(Signed) Arthur A. Rhines, M. D.
 (Address) 5400 Arsenal St.

