

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**

34127
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008 Registered No. 9113
 (c) City St. Louis (d) Street No. St. Lukes Hosp St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 256 William D. Wagner
1394 Hamilton Ave. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 - 1862

7. AGE YEARS 76 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone Cutter
 9. Industry or business in which work was done, as saw mill, bank, etc. Victrol Stone Co.
 10. Date deceased last worked at this occupation (month and year) Mar 11 1928
 11. Total time (years) spent in this occupation 4 1/2 yrs.

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

13. NAME Arthur Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William D. Wagner

18. BURIAL, CREMATION OR REMOVAL PLACE Germany DATE Oct 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. F. Stuart

20. FILED OCT 20 1938 J. Bredek Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1938

22. I HEREBY CERTIFY That I attended deceased from June 15 1938 to October 18 1938
 I last saw him alive on October 17 1938. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Edema brain, hyper
cardiac, coronary
arteriosclerosis
bronchopneumonia
 Date of onset 10-12-38

Other contributory causes of importance: None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Chas. F. Stuart (CLARK)
 (Address) St. Louis

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,

BERNARD A. STUART, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Bernard A. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *5318 Baltimore*

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.