

NOV 16 1940  
791  
Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1000 Allen Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME MICHAEL WAGNER

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 25, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 0 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Saddler

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Wagner  
13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Michel  
15. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Wagner  
(b) Address 1000 Allen Ave.

17. (a) Burial (b) Date thereof Oct. 28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Am. C. Mayhew  
(b) Address 1926 Allen Ave.

19. (a) OCT 25 1940 (b) J. B. Buehler  
(Date received local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1000 Allen Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th  
year 1940 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from Aug 18, 1940, to Oct 25, 1940;  
that I last saw him alive on Oct 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocarditis 2 yrs  
Due to Chc arteriosclerosis 8 yrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 10/21

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. B. Buehler (M. D. or other) MD  
Address 2000 27th Date signed 10/27/40

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

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**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 Benj. A. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1226 Allen

**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.**