

No. 2
4-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1940

STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36364
State File No.
Registrar's No. 1930

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7421 Zephyr Ave
(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 St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7421 Zephyr
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Marie Wagner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 11th
year 1940 hour 10 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Wagner 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased August 4th 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 6, 1940
to Oct 10, 1940, 19____; and that death occurred on the date and hour stated above.
that I last saw her alive on Oct 6, 1940, 19____;
Immediate cause of death Myocarditis
Duration 2 months

8. AGE: Years Months Days If less than one day
90 2 7 _____ hr. _____ min.

Due to _____
Due to 50

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Epithelioma of neck with metastasis
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Unknown Mosler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Wagner
(b) Address 7421 Zephyr Ave
17. (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

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 Robert J. Ambruster
(b) Address 6633 Clayton Road
19. (a) OCT 14 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature E. O. Breckenridge M.D.
Address Maplewood, Mo 10-12-40 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

Edward F. Bockhorst

Licensed Embalmer No.

2502

P. O. Address

Clayton Mo

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.