No. 2
4-13-40
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1472

Registration District No. 791 FEB 25 1940

Primary Registration District No. 1003

Registrar's No.

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

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: 2633 Eads Ave. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution None (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2633 Eads Ave (If rural, give location) 239

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ellen Lee Wagner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 1, 1847 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
93	5	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert Wagner

(b) Address 2633 Eads Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director T. W. McLaughlin

(b) Address 2301 Lafayette Ave. S.W.

19. (a) JAN 5 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1941 hour 3 minute 30 PM M.

21. I hereby certify that I attended the deceased from December 10th, 1940, to Jan 3rd, 1941; that I last saw her alive on Jan 2nd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis (Senile) — Duration 12/10/40

Due to Myocardial Disease (Chronic) — ?

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Aug. G. Wichman (M. D. ~~or other~~)

Address 4660 Maryland Ave. Date signed 1/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.