

JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18934

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1045

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 6 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Ellisville
(If outside city or town limits, write "RURAL")
(d) Street No. Strecher Rd.
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 4 minute 05 A.M.
21. I hereby certify that I attended the deceased from 4-9-41
19 to 5-15-41 19 ;
that I last saw her alive on 5-15-41 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Failure Duration 2 cubes
Due to arteriosclerotic Heart disease 3 months?

Due to _____
Other conditions Chronic nephritis Yes?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1312
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 J. L. ... (M. D. or other) J.M.O
Address J. L. ... Co. Mo. Date signed 5/15/41

3. (a) PRINT FULL NAME

Louise Wagner

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Max Wagner 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 15, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name unknown

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Wagner

(b) Address 5800 ...

17. (a) Burial (b) Date thereof May 17, 1941
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) MAY 16 1941 (b) J. L. ...
(Date received local registrar) (Registrar's signature)

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

3 26

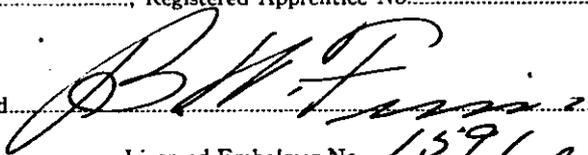
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1591

P. O. Address 4106 & Belmont

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.