

No. 2
1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **20217**
Registrar's No. **5029**

791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2238 Gainé St.
(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 000
(c) City or town St. Louis 1723
(If outside city or town limits, write "RURAL")
(d) Street No. 2238 Gainé St. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 11 minute 45 p.m.
21. I hereby certify that I attended the deceased from June 11, 1941, to June 17, 1941;
that I last saw her alive on June 17, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ac. Cardiac Collapse, caused
by chronic myocarditis
Due to Chr. Hepatitis & Cholecystitis
(Possible Carcinoma Liver) 2 yrs.
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (a) - Means of injury _____

23. Signature J. P. [Signature] (M. D. or other) _____
Address 2621 E. Jefferson Date signed 6/18/41

3. (a) PRINT FULL NAME Lulu Wagner

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

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

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Dippel

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Molt

15. Birthplace St. Louis, Mo. 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Constance Molt

(b) Address 2238 Gainé St.

17. (a) Burial (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter H. [Signature]

(b) Address 3634 Gravois Ave

19. (a) JUN 19 1941 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

0
7
9

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..... *Robert Wheeler*.....

Licensed Embalmer No. *2128*.....

P. O. Address *St Louis 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.