

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **27124**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6916**

1. PLACE OF DEATH: **St. Louis**  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution: **Jewish Hospital**  
 (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 **St. Louis**  
 (d) Street No. **275 N. Union Blvd.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Isador Wagner**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Bettye Wagner** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **Unknown**

8. AGE: Years **74** Months **--** Days **--** If less than one day **about** hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Cincinnati / Ohio**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Automobile Accessories**

12. Name **Unknown**

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)

16. (a) Informant **Abe Bloch**

(b) Address **275 N. Union**

17. (a) **Burial** (b) Date thereof **8-27-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cem.**

18. (a) Signature of funeral director **Herman Kindschopf**  
**5216 Delmar**

(b) Address **5216 Delmar**  
**AUG 26 1941**  
 19. (a) (Date received local registrar) (b) **J. W. Bedeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**  
 year **1941** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan. 1941**  
 to **Aug 25 1941**

that I last saw him alive on **Aug 25 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **coronary atherosclerosis**

Due to \_\_\_\_\_

Other conditions **Angina pectoris**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **1st**

Of autopsy **1st**

Duration \_\_\_\_\_  
 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) (e) Means of injury \_\_\_\_\_

23. Signature **Abel Bloch** (M.D. or other) **MD**

Address **674 N. 2nd** Date signed **Aug 26/41**

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

MOTHER, FATHER

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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..... *Chas. W. Cooper*.....

Licensed Embalmer No. *3830*

P. O. Address *5216 Delma*

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

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