

No. 2
1-4-41
17-39
X225390

FILED SEP 8 1941

Registration District No. 707

Primary Registration District No. 200

Registrar's No. 1651

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution 2346-Backland

(d) Length of stay: In hospital or institution _____

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland

(d) Street No. 2346-Backland

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JOHN WAGNER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-27 1941 to 8-5 1941

4. Sex MA 5. Color or race W

6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased July 27 1941

that I last saw him alive on 8-4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to Microcephalus

8. AGE: Years _____ Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Overland MO

10. Usual occupation ML

Other conditions 157 d

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Edwin W. Wagner

13. Birthplace Overland MO

14. Maiden name W. A. Butler

15. Birthplace St. Louis MO

16. (a) Informant Edwin W. Wagner

(b) Address 2346-Backland Overland, Mo.

17. (a) Burial (b) Date thereof 8-6-41

(c) Place: burial or cremation Walsh's Care

18. (a) Signature of funeral director Wm. J. Woodson

(b) Address 2504 Woodson St. Overland, Mo.

19. (a) AUG 6 - 1941 (b) W. J. Woodson

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature CR Smith Address 120 S. Howell Date signed 8/6/41

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

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U.S. DEPT. OF HEALTH

STATE OF ILLINOIS

DEPARTMENT OF HEALTH

STATE OF ILLINOIS

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address.....

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.