

FILLED NOV 12 1941

Registration District No. 445

Primary Registration District No. 55-80

Registrar's No. 14-100

5000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL - MERAMEC  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. JOSEPH'S HILL INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 MONTHS 15 DAYS  
(Specify whether  
In this community 5  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 050  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2122 VICTOR ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MICHAEL WAGNER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (c) Age of husband or wife if alive 16 years  
(Day) (Year)  
7. Birth date of deceased 7 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 3 hr. 0 min.

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

10. Usual occupation FARMER, RETIRED

11. Industry or business

MOTHER FATHER { 12. Name JOHN WAGNER  
13. Birthplace HUNGARY  
(City, town, or county) (State or foreign country)  
14. Maiden name CATHERINE KREG  
15. Birthplace HUNGARY  
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Bonaventure, OSF

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof Oct. 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director John H. Huber, Huber Co.

(b) Address 2630 S.avois ave

19. (a) 10/19/41 (b) James A. Townsend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 19  
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from DECEMBER  
14, 1940, to OCTOBER 18, 1941  
that I last saw him alive on OCTOBER 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia

Due to

Due to

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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

Signature Jesse S. Sargent (M. D. or other)

Address Eureka Mo. Date signed 10/19/41

*Dr. Thompson  
Roubal Springs*

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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.....

*Robert F. Gebken*

Licensed Embalmer No.....

*4144*

P. O. Address.....

*2628 Gravois Ave*

**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.**