

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3406

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 182

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

1. PLACE OF DEATH:

(a) County St. Francois Co

(b) City or town Rural Near Farmington St. Francois Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr. 11 mo. 16 da
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Irondale
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT-FULL NAME Fred 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 Ruth Wagner

6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased ? 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	Unk.	Unk.	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Records of State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cem. of State Hosp. #4

18. (a) Signature of funeral director Chas. Richardson

(b) Address Farmington, Mo.

19. (a) 12-27-41 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1941 hour 12 minute 35 a. m.

21. I hereby certify that I attended the deceased from 12-2 1939 to 12-26 1941;
that I last saw him alive on 12-25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic meningitis - encephalitis (general paresis)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 h

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 Paul Schrad (M. D. or other) MD

Address Farmington, Mo. Date signed 12-26-41

RECEIVED

District Health Officer No. 4

District File Number 142-22

Date Filed 1-9-42

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. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington 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.