

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9465

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4514 Harris Avenue /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... **Since Birth**  
 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME **EDWARD J. WAGENBRETH**3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife..... **Julia (nee Bode)** 6. (c) Age of husband or wife if alive..... **August 1, 1871** years

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

8. AGE: Years Months Days If less than one day  
**71 3 10** hr. min.9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Manager Beef Coolers**11. Industry or business **Independent Packing Co**12. Name **Edward Wagenbreth**13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)  
**Annle Schmidt**14. Maiden name.....  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Julia Wagenbreth**(b) Address **4514 Harris Avenue**17. (a) **Burial** (b) Date thereof **11/14/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Calvary Cemetery**18. (a) Signature of funeral director **Math. Hermann & Son**(b) Address **2161 East Fair Avenue**19. (a) **NOV 13 1942** (b) **J. F. Briedeck**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4514 Harris Avenue**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **11**  
year **1942** hour **4** minute **30 P** M.21. I hereby certify that I attended the deceased from **Nov 4** 19**42** to **Nov 11** 19**42**  
that I last saw him alive on **Nov 11** 19**42**  
and that death occurred on the date and hour stated above.Immediate cause of death **Septicemia**  
**Central Nervous System** 5 DAYSDue to **Septicemia** 10 daysDue to **Heart Disease**Other conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations..... **92**Of autopsy..... **92**  
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 name of place)  
 (c) Means of injury.....  
 23. Signature **J. F. Briedeck** (M. D. or other)  
 Address **2161 East Fair Avenue** Date signed **11/14/42**

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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..... *Francis A Williamson*

Licensed Embalmer No. *3565*

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.**