

FILED DEC 1 1942 318

Registration District No. Primary Registration District No. 1005

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Louis City Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 Days

In this community 35 yrs.

3. (a) PRINT FULL NAME Elizabeth Maude Wagner

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, divorced 3

6. (b) Name of husband or wife. Walter Wagner

6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased. March 6 1887

8. AGE:	Years	Months	Days	If less than one day
	55	8	13	hr. min.

9. Birthplace Grayson County Texas

10. Usual occupation House maid

11. Industry or business Private Home

12. Name John Fields

13. Birthplace Grayson county Texas

14. Maiden name Nettie Anna Hall

15. Birthplace Springfield Ill.

16. (a) Informant Mrs. E. C. Callaway

(b) Address Hayre, Texas

17. (a) Burial (b) Date thereof 11-23-42

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director

(b) Address 3934 N. 20th St.

19. (a) NOV 23 1942 (b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis

(d) Street No. 1406 Ferry

(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19. year 1942 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from November 17, 1942 to November 19, 1942; that I last saw her alive on November 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia

Due to 108

Other conditions Fibrinous pericarditis

Major findings: Of operations

Of autopsy as above

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?

While at work? (Specify type of place)

(a) Means of injury

23. Signature Drew M. Petersen (M. D. or other)

Address 1515 Lafayette Avenue, 11/20/42

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address.....

2117 E. Grand.

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.