S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36027

Primary Registration District No. 1003

Registrar's No. 9846

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: 7428 Reilly Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis 9 /
(If outside city or town limits, write "RURAL")
(d) Street No. 7428 Reilly Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louisa Wagner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white /

6. (a) Single, widowed, married, divorced widowed 9

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

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

7. Birth date of deceased June (Month) 23 (Day) 1863 (Year)

8. AGE: Years 79 Months 5 Days / If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business at home

MOTHER FATHER

12. Name ? Gilbert

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

14. Maiden name unknown

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

16. (a) Informant J. Hancock

(b) Address 7428 Reilly Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Untk. Co.

(b) Address 7420 Michigan Ave.

19. (a) NOV 25 1942 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 42 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from 6 — 10, 1942 to 11 — 24 —, 1942 that I last saw h. alive on 11 — 24 —, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Thyroid & Pneumothyroid of 9 Lungs —

Due to don't know

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. F. Murray (M. D. or other)
Address 900 - Russell Blvd. Date signed 11-24-42

(Licensed Embalmer's Statement on Reverse Side)

1-3-7-8

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.