

FILED DEC 21 1942 818

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town, St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp # No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4326 Michigan Ave (If rural, give location) 9 15
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Wagner

3. (b) If veteran, name war None
3. (c) Social Security No. 488-09-4820

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Wagner 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 3 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business St. Louis Car Co

12. Name Stephen Wagner

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

14. Maiden name Anna Schaefer

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

16. (a) Informant Anna Wagner

(b) Address 4326 Michigan Ave

17. (a) Burial (b) Date thereof Dec 9 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Kreigshauser Und Co

(b) Address 4228 So. King Highway Blvd

19. (a) DEC 7 1942 (b) J. J. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1942 hour 3.50 minute AM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Brain Duration of illness when he was struck by a shell car named by one Nelson Eugene McKean, of the intersection of Broadway and Osceola Oct. 22 1942 about 6.30 AM.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident 000

(b) Date of occurrence Oct 22 1942

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work _____ (Specify type of place)

(e) Means of injury Shellcar

23. Signature Walter G. Perry (M. D. or other)

Address Wagonway Date signed 12/7/42

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

MOTHER-FATHER

844

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.....

Richard W. Steward

Licensed Embalmer No. 4007

P. O. Address.....

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.