S. No. 2
M—5-42
5-17-39
1 x 20

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23595

FILED AUG 7 1943 818

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6825

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:
St. Anthony Hospital O
(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:
(a) State Missouri (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3910 Loughborough Avenue
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ida 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 Married
6. (b) Name of husband or wife Philip Wagner
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March (Month) 29 (Day) 1879 (Year)
8. AGE: Years 64 Months 3 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Rudolph Petri
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Catherine Lehr
15. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant Philip Wagner
(b) Address 3910 Loughborough Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.
19. (a) JUL 28 1943 (Date received local registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from July 27, 1943 to July 27, 1943 that I last saw her alive on July 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstruction of Bowel	
Due to: Chronic Gall Bladder disease with Fistula	
Due to: Intestinal Bowel Producing Acute Angulation	
Other conditions (Include pregnancy within 3 months of death): Myocarditis - Chronic	
Major findings: Of operations: one stone only	
Of autopsy: Obstruction due to Angulation	

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 type of place) (e) Means of injury .....
23. Signature E. Sugdorf (M. D. or other) MD
Address 3115 S. Grand Date signed 7/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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.