

FILED APR 1 1944

Registration District No. **318**

Primary Registration District No. **1003**

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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:
6594 Scanlan Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6594 Scanlan Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emma Catherine Wagstaff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late John Wagstaff

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

7. Birth date of deceased Aug. 1st 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1944 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from June 1942
19..... to March 25 1944;
that I last saw her alive on 3-25 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82	7	24	hr. min.
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9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death myo Carditis, Chr

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Webb

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

MOTHER FATHER { 14. Maiden name Unknown Ensten

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

16. (a) Informant Malcolm Wagstaff

(b) Address 6594 Scanlan Ave.

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New PICKERS Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAD (b) J. F. Brueck
(Date when last registered) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy.....

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 0

23. Signature J. F. Cappel (M. D. or other) MD
Address 3284 Woodhue Date signed.....

PHYSICIAN

Underline (the cause to which death should be charged statistically).

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

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.