

FILED JAN 25 1945  
318

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

404

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Robert G. Wagner3. (b) If veteran, name war. #2 World 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
 7. Birth date of deceased April 10, 1910  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>9</u>	<u>4</u>	hr. .... min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation .....  
(Include pregnancy within 3 months of death)11. Industry or business Krenning Schlapp Groc. Co.

MOTHER FATHER  
 12. Name George Wagner  
 13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elsie Herold  
 15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elsie Wieland

(b) Address 5091 Cates Ave  
 17. (a) Burial (b) Date thereof 1/17/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave

19. (a) JAN 15 1945 (b) J. F. Bredeck  
 (Date received local registrar) (Registrar's signature)

## 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. 2326 N. Market St.  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1945 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1944, to Jan 14, 1945;  
 that I last saw him alive on Jan 14, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Decompensation Duration 2 mos.  
 Due to Coronary Occlusion 9 mos.

Due to .....  
 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) .....  
 (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 D

23. Signature M. Norman Oyel (M. D. or other) M.D.  
 Address 634 N. Grand, St. Louis Date signed 1-14-45

**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 *Gustav W Dietrich*

Licensed Embalmer No. *4329*

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.**