S. No. 2
DM—2-43
v. 5-17-39
I X35697

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. 26236

FILED AUG 24 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2009

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: Christian Hospital
(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 006

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5326 Greer Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lotta M. 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 Edward M. Wagner

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 13 (Day) 1883 (Year)

8. AGE: Years 61 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Wood
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Edna Potter
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Edward M. Wagner
(b) Address 5326 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

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

AUG 9 1945

AUG 9 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1945 hour 7 minute 30A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction from Cancer Colon. Elk Anesthesia while undergoing an Operation

Due to At the Christian Hospital on Aug 7. 1945

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46

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 3

23. Signature Alfred J. Perry (M. D. or other)

Address Sexton Corona Date signed 8/9/45

(Licensed Embalmer's Statement on Reverse Side)

CORONER

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.