. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24784

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1399

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rock Hill 14
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Martha Lane 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John W. Wagner

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Minnie Wagner

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

7. Birth date of deceased June (Month) 1 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	0	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Anheuser-Busch, Inc.

FATHER
12. Name George Wagner
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Emma Drese
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Bernice Hertel
(b) Address 10 Martha Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 7-3-46 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature) JS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 7 minute 35 P M.

21. I hereby certify that I attended the deceased from June 11, 1946, to July 1, 1946; that I last saw him alive on July 1, 1946, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Renal failure	
Due to Glomerular nephritis	
Due to hypertension?	
Other conditions (Include pregnancy within 3 months of death) 13 W	

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

23. Signature J. Ann Koffey (M. D. [redacted])
Address 601 Brentwood Clayton, Mo. Date signed 7-1-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1946

AUG 13 1946

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 Elmo R. Caswell

Licensed Embalmer No. 4077

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.