

No. 2
M-5-43
5-17-39
I X36671

FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. 29168

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2004

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town St Louis Mo
(c) Name of hospital or institution Homer Phillips O
(d) Length of stay: In hospital or institution 5 days
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Webster Mo 7
(d) Street No. 5 Waymire N.R. 4
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Mary Wagner
3. (b) If veteran name war No
3. (c) Social Security No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11
year 1946 hour 3 minute 00 pm

4. Sex female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Samuel Wagner
6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased Mar 1 1862

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

8. AGE: Years 84 Months 5 Days 10 If less than one day hr. min.

Immediate cause of death Gradual occlusion of left coronary artery which she slipped and fell
Due to her left home fall 6/5 1946 about 100 pm

9. Birthplace St Louis Co Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation nurse

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Not known 9

PHYSICIAN Underline the cause to which death should be charged statistically.

13. Birthplace Not known 9 (City, town, or county) (State or foreign country)

14. Maiden name Not known 9

15. Birthplace Not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Wagner - son

(b) Address 18 Waymire Webster Groves

17. (a) Burial (b) Date thereof 8-14-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Ponds mo

18. (a) Signature of funeral director J. C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) AUG 13 1946 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 135

(b) Date of occurrence Aug 6 1946

(c) Where did injury occur? Webster Groves Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 form

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Bredeck (M. D. or other)

Address Depue Mo Date signed 8/13/46

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

28006

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 *A.D. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

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.