

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 19466
Registrar's No. 5146

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Gardenville St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 50 yrs.

3. (a) PRINT FULL NAME Edward J. Wagner

3. (b) If veteran, name war none

3. (c) Social Security No. 493-10-8057

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 11 1888
(Month) (Day) (Year)

8. AGE: Years 58 ~~8~~ Days 9 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Public Service Co.

12. Name Fred Wagner

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

14. Maiden name Munneker

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

16. (a) Informant Lena Wagner

(b) Address 4961 Tiemann

17. (a) Burial (b) Date thereof 5-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 23 1947 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Gardenville
(If outside city or town limits, write "RURAL")

(d) Street No. 4961 Tiemann
N.R. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 12, 1947 to May 20, 1947, and that death occurred on the date and hour stated above.

that I last saw him alive on May 19, 1947

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to Perforated Gastric Ulcer

Other conditions 117
(Include pregnancy within 3 months of death)

Major findings: Gastric ulcer perforated.

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)

(c) Means of injury 0

Signature J. Lewis Hutton (M. D. or other) D.

Address 3606 Gravois Date signed 5/22/47

Duration

few hrs.

?

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Frank Owens*

Licensed Embalmer No. *2245*

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.