S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 14906

Registrar's No. 1207

P6
8
3

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis, Mo.~~ Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 530 N. Union 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George M. Wagner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Margaret Woods

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. (Month) 28 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	4	13	hr. min.

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

10. Usual occupation Vice-Pres. Garrison Wagner Co.,

11. Industry or business Garrison Wagner Company

FATHER
12. Name Henry Wagner
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Marclay
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Wagner
(b) Address 530 N. Union

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) 5-13-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 11: minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 12, 1947 to May 10, 1948
that I last saw him alive on May 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis myocarditis

Due to

Due to Arteriosclerosis

93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. ~~or other~~)
Address Carleton Bldg Date signed 5-11

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mr Seabolt
12.21 Oakley

JUN 23 1948

MAY 25 1948

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 Jos. E. McCullah

Licensed Embalmer No. 2760

P. O. Address 6175 Delmar

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.