

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42127**  
Registrar's No. **2779**

Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration 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 **3 years**  
years, months or days

3: (a) PRINT FULL NAME **WAGNER, Richard G. (Wagner)**

3. (b) If veteran, name war **VV-I** 3. (c) Social Security No. **492-10-0563**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **November 2 1895**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wellston Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business \_\_\_\_\_

12. Name **Henry Wagner**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cordelia Reiser**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**  
(b) Address **Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **12-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery, J.B. Mo.**

18. (a) Signature of funeral director **Math Hermann & Son Inc.**  
(b) Address **2161 E. Fair, St. Louis, Mo.**

19. (a) **12/1/48** (b) **Thurid V. Reinger, M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4809 Woodstock**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29**  
year **1948** hour **5:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 27**, 19**48** to **November 29**, 19**48**  
that I last saw him alive on **November 29**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL INFARCTION** Duration **Unk**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **946**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations \_\_\_\_\_

Of autopsy **Autopsy performed**  
**(See cause of death)**

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

(a) Accident, suicide, or homicide (specify) **None**  
(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)  
injury \_\_\_\_\_  
**L.E. Stilwell**

23. Signature **L.E. Stilwell** (M.D. X205)  
Address **VA Hosp. Jeff. Bks. Mo.** Date signed **11/29/48**

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**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.....

.....  
working under my personal supervision.

Signed

*Gene W. Katz*

Registered Apprentice No. ....

Licensed Embalmer No. *3737*

P. O. Address

*2161 E. Fair Ave*

**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.**