

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43049**

FILED JAN 8 1950

11006

BIRTH NO. **84766-44** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11006**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 6800			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 26 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Incarnate Word Hospital			d. STREET ADDRESS (If rural, give location) 22- 1314 S. 10th St. Zone 4			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Michael		c. (Last) Wagner	
4. DATE OF DEATH (Month) (Day) (Year) 12 21 49		5. SEX male		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, -WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 12-21-49		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. 26 hr		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Frank Frances Wagner		13b. MOTHER'S MAIDEN NAME Maude Willeone Atchison		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME		17. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Injury ANTECEDENT CAUSES DUE TO (b) Prematurity Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 129		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7605		
22. I hereby certify that I attended the deceased from 12-21- , 19 49 , to 12-21- , 19 49 that I last saw the deceased alive on 12-21- , 19 49 , and that death occurred at 11:55p. , from the causes and on the date stated above.						
23a. SIGNATURE J. Dworkin MD		23b. ADDRESS 1657 So Grand		23c. DATE SIGNED 12 Dec 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-23-49		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE		
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		DATE REC'D BY LOCAL REG. DEC 22		REGISTRAR'S SIGNATURE J. B. Foster		
25. FUNERAL DIRECTOR'S SIGNATURE A. W. McLAUGHLIN		ADDRESS 2301 LAFAYETTE ST. LOUIS, MO.				

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

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.

Student
Student Embalmer

Not Embalmed

Signed.....

O. W. Cooper

.....
Licensed Embalmer No. *3830*

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.