

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3123**  
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BIRTH NO. **L 106350** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2114</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital # 1</b>		d. STREET ADDRESS (If rural, give location) <b>3858 MAFFITT AVE.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LOUIS</b>	b. (Middle) <b>W</b>	c. (Last) <b>WAGNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 1 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>SEPT. 8 - 1881</b>	9. AGE (In years last birthday) <b>68</b>	10. UNDER 1 YEAR (Months) <b>3</b>	11. UNDER 1 HR. (Days) <b>23</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dist. of Adv. Pamphlets</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Delivery</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>FRED WAGNER</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Tansey</b>	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred P. Wagner</b>	ADDRESS <b>7418 Huntingford</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brachopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Bladder</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Bladder</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>525</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>1X1X</b>
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22. I hereby certify that I attended the deceased from 12/13/1949 to 1/1/1950, that I last saw the deceased alive on 1/1/1950, and that death occurred at 6:35 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William W. Carter M.D.</b>	23b. ADDRESS <b>1515 Lafayette</b>	23c. DATE SIGNED <b>1/3/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/4/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Warren County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 3 1950</b>	REGISTRAR'S SIGNATURE <b>L. B. Lancaster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin J. Stutz</b>	ADDRESS <b>4828 Natural Bridge</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

*mil*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John A. Melner*

Licensed Embalmer No. *4186*

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.