

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7104

317

4466

519

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Shrewsbury		c. LENGTH OF STAY (in this place) 20 yrs - 56		c. CITY (If outside corporate limits, write RURAL and give township) Shrewsbury		4560	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7812 Murdock Ave.				d. STREET ADDRESS (If rural, give location) 7812 Murdock Ave.			
3. NAME OF DECEASED (Type or Print) VIROIL		a. (First) E.		c. (Last) WAGNER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 23, 1890	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, organ, etc.) SALES MAN RETIRED			10b. KIND OF BUSINESS OR INDUSTRY FLIES-HUMAN YEAST			11. BIRTHPLACE (State or foreign country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Sally Sott		14. NAME OF HUSBAND OR WIFE Lucille Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. War I 497-07-1961		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Wagner 7812 Murdock			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension diabetes. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis obliterans				INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 6-20-1932 to 1-13-1950 , that I last saw the deceased alive on 1-13-1950 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Sterling M.D.				23b. ADDRESS 7266 Manchester		23c. DATE SIGNED 2/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 28 1950		REGISTRAR'S SIGNATURE Herbert B. Dumble M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Croghan 7146 Manchester Ave			

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

MAR 23 1950

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 1053

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.