No. 300
10-48

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14852

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3244

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1/2 DAY 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4534
d. STREET ADDRESS (If rural, give location): 7240 Lyndover

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): A.
c. (Last): Wagner

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 9, 1880
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick Hark
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: ~~None~~
17. INFORMANT'S SIGNATURE OR NAME: Minette Schmidt — ADDRESS: 3703 Oxford

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Dis (inactive) c̄ mitral stenosis — 21 years
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
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hio X

22. *I hereby certify that I attended the deceased from* Jan 24, 1930, *to* April 5, 1951, *that I last saw the deceased alive on* Apr 5, 1951, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel B. Grant M.D.
23b. ADDRESS: 114 N. Taylor Ave.
23c. DATE SIGNED: April 6, '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-51
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cem
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: APR 6 1951
REGISTRAR'S SIGNATURE: J. B. Fasatin
25. FUNERAL DIRECTOR'S SIGNATURE: M. J. Croghan — ADDRESS: 7146 Manchester

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sam B. Grant

3:Pm

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 J. Haines

Licensed Embalmer No. 4108

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.