No. 300
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Reg. 5180

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43684

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4088

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 36 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MADISON 8
d. STREET ADDRESS (If rural, give location): 1231 Iowa

3. NAME OF DECEASED (Type or Print)
a. (First): VACLAV
b. (Middle):
c. (Last): WAGNER
4. DATE OF DEATH (Month) (Day) (Year): 12/22/51

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 5/21/91
9. AGE (In years last birthday): 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Wagner
13b. MOTHER'S MAIDEN NAME: Fannie Yetela
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF ESOPHAGUS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: PULMONARY TUBERCULOSIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

150 XA

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16, 1951, *to* 12/22, 1951, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXX~~, *and that death occurred at* 3:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jenaro Haddock M.D.
23b. ADDRESS: V. A. HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED: 12/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 27, 1951
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Jefferson Barr[illegible]

DATE REC'D BY LOCAL REG.: 12-25-51
REGISTRAR'S SIGNATURE: Herbert R. Domke, MD
25. FUNERAL DIRECTOR'S SIGNATURE: C Hoffmeister Uil Co 7814 So Broadway
ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.