

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14879**
Registrar's No. **3556**

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| * b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2279 | |
| c. LENGTH OF STAY (In this place) 5MO. | | d. STREET ADDRESS (If rural, give location) 22 1902 Hickory St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1902 Hickory St. | | | |

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|-------------------------------------|------------------------|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) Ray | c. (Last) Wagner | 4. DATE OF DEATH (Month) (Day) (Year) April 14 1952 |
|-------------------------------------|------------------------|------------------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|--|--------------------------------------|---------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Nov. 13 1951 | 9. AGE (In years last birthday) 5 | IF UNDER 1 YEAR Months 5 Days | IF UNDER 1 HR. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|--|--------------------------------------|---------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? |
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|--|---|-----------------------------|
| 13a. FATHER'S NAME Wilbert Wagner | 13b. MOTHER'S MAIDEN NAME Agnest Stark | 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 date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Wilbert Wagner | ADDRESS 1902 Hickory St. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypocryphalus Congenital | | INTERVAL BETWEEN ONSET AND DEATH 5 months |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Robert Arnold - classic malformation | | 5 months |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION No. | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 752X |
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22. I hereby certify that I attended the deceased from **7:15p**, to **April 7**, 19**52**, that I last saw the deceased alive on **April 7**, 19**52**, and that death occurred at **7:15p** m., from the causes and on the date stated above.

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| 23a. SIGNATURE George J. Hawkins Jr M.D. | (Degree or title) | 23b. ADDRESS 607 N. Grand St. Home | 23c. DATE SIGNED April 15, 1952 |
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|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE April 16-52 | 24c. NAME OF CEMETERY OR CREMATORY Summersville Cem. | 24d. LOCATION (City, town, or county) (State) Summersville Mo. |
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| DATE REC'D BY LOCAL REG. APR 15 1952 | REGISTRAR'S SIGNATURE J. Charles Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark | ADDRESS 1125 Hodiamont Ave |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. L. Hawkins
Univ. Club Bldg.
Wt. 2828

2PM. only.

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 Embalmer No.....

Signed Alfred J. Bredeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 11257 Ardmore

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.