

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30503

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7320

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>ST. LOUIS</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>OVERLAND</i> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Pacific Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>855 LACKLAND RD # 1</i>	
3. NAME OF DECEASED a. (First) <i>LILLIAN WEDGEWOOD</i>		b. (Middle) <i>WAGNER</i>	c. (Last) <i>WAGNER</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>July 27, 1953</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	
8. DATE OF BIRTH <i>Nov. 18, 1877</i>		9. AGE (in years last birthday) (Months) (Days) <i>77</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>WORCHESTER MASS 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>JOHN SINCLARE</i>		13b. MOTHER'S MAIDEN NAME <i>MARY WEDGEWOOD</i>	
14. NAME OF HUSBAND OR WIFE <i>WM F WAGNER</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W. S. WAGNER 3869 WALSH AVE</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction, Anterior</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i> ANTECEDENT CAUSES DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) <i>Gen. Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Gen. Arteriosclerosis</i> Interval between onset and death <i>Several years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>443X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>7/19</i> , 19 <i>53</i> , to <i>7/27</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>7/27</i> , 19 <i>53</i> , and that death occurred at <i>4:25 p.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>R. Harrison D.M.D.</i>		23b. ADDRESS <i>St. Louis Mo.</i>	
23c. DATE SIGNED <i>7-28-53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>7-29-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA CEMETERY</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>FRED C. HERKE 4911 WASHINGTON BLVD</i>	
DATE REC'D BY LOCAL REG. <i>JUL 28 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

(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.....
Signature of Student Embalmer

Signed *J. Wm. Binkley*.....

Licensed Embalmer No. *3653*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.