

No. 300  
10-48

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34250  
Registrar's No. 9033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0300</u> OR TOWN <u>IMPERIAL, MISSOURI</u>	
c. LENGTH OF STAY (In this place) <u>2 Hrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) _____ c. (Last) <u>WAGNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16 1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>16 MAY 1947</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>August Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Hampel</u>	14. NAME OF HUSBAND OR WIFE <u>August Wagner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>August Wagner</u> ADDRESS <u>Imperial, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, retro-peritoneum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pericerebral, right cerebral when struck by car operated by one Alben</u> DUE TO (c) <u>Thompson on Highway 147 near Imperial, Mo about 6:30 a.m. Sept. 16, 1953</u>		
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 <u>Accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial Jefferson Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/16/53 - 6:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See above</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:32 A.M., from the causes and on the date stated above. 25

23a. SIGNATURE <u>Patrick J. Taylor</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1300 Clark Ave</u>	23c. DATE SIGNED <u>9/18/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Fack Creek Mo</u>
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DATE REC'D BY LOCAL REG. <u>SEP 18 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Svc.</u> ADDRESS <u>4104-06 Manchester</u>
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E.P. (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 *J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

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.