

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. 11976

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 Mo. 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 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION The St. Louis Altenheim | | d. STREET ADDRESS (If rural, give location) 15 5408 S. Broadway | |

| | | | | | |
|---|------------------------|--|--|------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Fred. b. (Middle) H. c. (Last) Wagner | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 2 1862 | 9. AGE (In years last birthday) 91 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Grocer | 11. BIRTHPLACE (City and State or Foreign Country) Belleville Ill. | | 12. CITIZEN OF WHAT COUNTRY? |

| | | |
|---|-----------------------------------|---|
| 13a. FATHER'S NAME UnKnown | 13b. MOTHER'S MAIDEN NAME UnKnown | 14. NAME OF HUSBAND OR WIFE Barbara |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Hoerr 5408 S. Broadway |

| | | | |
|---|--|--|--|
| 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 6 days ? ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch Myocarditis | | | |

| | | |
|---|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis MO MO |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X |

22. I hereby certify that I attended the deceased from Oct 15, 1952, to Dec 18, 1953, that I last saw the deceased alive on Dec 18, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

| | | |
|---|----------------------------|--|
| 23a. SIGNATURE (Degree or title) Max Sereboff MD | 23b. ADDRESS 512 Dew Place | 23c. DATE SIGNED 12/18/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-21-1953 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Hill |
| 24d. LOCATION (City, town, or county) (State) Belleville Ill. | | |

| | | |
|--------------------------------------|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. DEC 21 1953 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan |
|--------------------------------------|-------------------------------------|--|

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

1948

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

Clarence Rochow

Licensed Embalmer No. *3093*

P. O. Address *17128 Michigan*

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.