

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

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 OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 3 weeks		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3454 Pestalozzi		e. STREET ADDRESS (If rural, give location) 3672 Robert Avenue 2019	
3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) c. (Last) Wagner		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 3, 1864
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Max Wagner	
13b. MOTHER'S MAIDEN NAME Annie Unknown		14. NAME OF HUSBAND OR WIFE Annie Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-14-6222A	
17. INFORMANT'S SIGNATURE OR NAME Fred J. Wagner, 3454 Pestalozzi		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1/2 hour	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C oronary Thrombus		1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Hypertension, arterio-sclerotic type DUE TO (c) Bronchiolitis		1 year 1 year	
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	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 4-28-54, 1954, to 6-26-54, 1954, that I last saw the deceased alive on 6-26, 1954, and that death occurred at 9:50 Pm., from the causes and on the date stated above.			
23a. SIGNATURE Wm. Simpson M.D.		23b. ADDRESS 3739 Gravois, St. Louis, Mo.	
23c. DATE SIGNED 6-28-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 30, 1954	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. JUN 29 1954		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary, Chippewa	
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. (Licensed Embalmer's Statement on Reverse Side)		ADDRESS 6464	

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 *Harry Schomaker*.....

Licensed Embalmer No. *2679*

P. O. Address *9814 1/2 Road*

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.