

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41101
Registrar's No. 1825

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS,		a. STATE MISSOURI	
c. LENGTH OF STAY (In this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4615 SANFRANCISCO AVE		c. CITY OR TOWN ST LOUIS,	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 4615 SANFRANCISCO AVE		f. (If rural, give location) 2079	

3. NAME OF DECEASED a. (First) IDA		b. (Middle) MAY		c. (Last) WAGONER		4. DATE OF DEATH (Month) (Day) (Year) DEC, 27, 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 4/9/1869	
9. AGE (In years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) INDIANA	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHNGREEN		13b. MOTHER'S MAIDEN NAME ELIZABETH GREENWELL		14. NAME OF HUSBAND OR WIFE SAMUEL S. WAGONER	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME EILEEN BUECKER	
				ADDRESS 4615 SANFRANCISCO AVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Thrombosis		Instant	
ANTECEDENT CAUSES		DUE TO (b) Hypertensive Heart Disease		15 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis, general		15 "	
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 no injury		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 443X	
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22. I hereby certify that I attended the deceased from 1948, to 12-27-1954, that I last saw the deceased alive on 12-24-1954, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. Rush McAdams M.D.		23b. ADDRESS 906 Olive St. Louis, Mo.		23c. DATE SIGNED 12-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/30/54		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1954		25. FUNERAL DIRECTOR'S SIGNATURE Strook - Carroll		ADDRESS 4600 NATURAL BRIDGE AVE	
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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 *M W Rueter*.....

Licensed Embalmer No. *486*.....

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.**