

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
38289
10136

FILED NOV 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10136

S. 300
I-57

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, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis 2169 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb 4 months	d. STREET ADDRESS (If outside, give location) 16 3504 Humphrey Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Meta C Wagner			4. DATE OF DEATH Month Day Year 10 27 1957
5. SEX F /	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days 1 19 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Bremen Germany		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME August Haacke		13b. MOTHER'S MAIDEN NAME Meta Rannenberg	14. NAME OF HUSBAND OR WIFE Frederick Oscar 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. none	17. INFORMANT Mrs Walter E Lang 6523 Nottingham Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease.</u> St Louis 9, Missouri DUE TO (b) <u>Glomerular Arteriosclerosis.</u> DUE TO (c) <u>Senility 420.1 Oct 9/57</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a). <u>? cerebral thrombosis & encephalopathy.</u>			INTERVAL BETWEEN ONSET AND DEATH 10/29/57
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10/26/57 to 10/27 and last saw her alive on 10/27 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles G. Demage M.D.		22b. ADDRESS 4401 Hampton Ave	22c. DATE SIGNED 10/28/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-29-1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa Street, St. Louis 9, Mo.		25. DATE RECD. BY LOCAL REG. OCT 29 57	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Lewis C. Hoffmann*

Licensed Embalmer No. 3851
P. O. Address 7814 S. Broadway

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.