

AMENDED FILED VS MAR 7 1961 318 Registration District No. Primary Registration District No. 1003 Registrar's No. 1880

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>FLAT RIVER</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED <u>ANNA</u> First (Type or print) <u>WAGNER</u> , F. Middle <u>ANNA</u> Last <u>WAGNER</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>23</u> Year <u>61</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 28 1902</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE-WIFE</u>	11. BIRTHPLACE (City and state or country) <u>FLAT RIVER MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edd Higgins</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA Percy</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Wagner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>None</u> known) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MR. Richard Wagner</u>	Address <u>FLAT RIVER</u>
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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>Thrombosis Basilar Artery</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>332x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive CV Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY - Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from <u>Feb 22 61</u> to <u>Feb 23 61</u> and last saw her alive on <u>Feb 23 61</u>	
Death occurred at <u>10:52 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>H. A. Siesener M.D.</u>	(Degree or title)	22b. ADDRESS <u>Northland Med Bldg</u>	22c. DATE SIGNED <u>2-24-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BORIAL</u>	23b. DATE <u>2-25-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC LEM</u>	23d. LOCATION (City, town, or county) (State) <u>FLAT RIVER MO.</u>
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24. FUNERAL DIRECTOR <u>B. Caldwell & Sons</u>	ADDRESS <u>FLAT RIVER</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 24 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D. C.P.</u>
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DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

APR 4 1961

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.