SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-035503
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2779

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEHLVILLE — Length of stay in 1b: 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3620 ANITA LA — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN MEHLVILLE — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3620 ANITA LA — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EDNA Middle — Last WAGNER
4. DATE OF DEATH: Month OCT Day 1 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-19-1892
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): ST LOUIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE MISSEL HORN
13b. MOTHER'S MAIDEN NAME: JOSEPHINE RITTER
14. NAME OF HUSBAND ~~OR WIFE~~: JOHN C. WAGNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NIL
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JOHN C. WAGONER. Address: 3620 ANITA LA. ST LOUIS 29 MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 15 yrs.
DUE TO (c) Diabetes Mellitus — 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1955 to death and last saw her/him alive on 9 30 61
Death occurred at 10-1-61 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John G. Kellett M.D. (Degree or Title) John G. Kellett M. D.m
22b. ADDRESS 2623 Telegraph Road. Lemay Mo
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT-4-1961
23c. NAME OF CEMETERY OR CREMATORY: ST PAULS CHURCH YARD
23d. LOCATION (City, town, or county): AFFTON (State): Mo
24. FUNERAL DIRECTOR: FEY FUNERAL HOME — ADDRESS: MEHLVILLE Mo
25. DATE RECD. BY LOCAL REG.: 10-2-61
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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_____ Signed Gustav W. Seitz

Signature of Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St Louis M

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.