

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Priority Registration District No. **6**

City **St. Louis** (No. **City of St. Louis**)

File No. **39979**

Registered No. **11999**

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. **1920** **Washington** St. **6** Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **37** yrs. _____ mos. _____ ds.

How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kate Wagner

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 17 - 1889

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
37	11	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Philip Wagner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Mary Friday

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo

14. INFORMANT (Address)

E. R. ... City of St. Louis

15. FILED

DEC 20 1926

may 6 Starkeff

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 18 1926

I HEREBY CERTIFY That I attended deceased from **Dec 17**, 19**26** to **Dec 18**, 19**26** that I last saw him **live** on **Dec 18**, 19**26**, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
Chronic Myocarditis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY)
129A
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) **W. M. Smith** M. D.
1719, 19**26** (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New Parkers

DATE OF BURIAL

12-21 1926

20. UNDERTAKER

Arthur J. Donnelly **2039 North**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wagner