

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

Do not use this space.

16902

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** No. **1817** Do. **3rd**

File No. ....

Registered No. **4855**

St. .... Ward)

**2. FULL NAME**

**ADAM WAGNER**

(a) Residence, No. **1817 Do. 3rd** St. **A3** Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)**

**Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

**Emme Wagner**

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

**June 25-1899**

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

**27**

**10**

**27**

**8. OCCUPATION OF DECEASED**

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

**Laborer**

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**St. Louis**

(STATE OR COUNTRY)

**Mo**

**10. NAME OF FATHER**

**Adam Wagner**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**12. MAIDEN NAME OF MOTHER**

**Anne Reicher**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**14.**

INFORMANT

(Address)

**Emme Wagner  
1817 Do. 3rd St. St. Louis Mo**

**15.**

FILED

19

**MAY 24 1927**

**Max B. Starkoff**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**5-22 1927**

**17.**

I HEREBY CERTIFY, That I attended deceased from **on May 15, 1927**, to **on May 22, 1927**, that I last saw him live on **on May 22, 1927**, and that death occurred, on the date stated above, at **4:16 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pneumonia lobes**

**108**

(duration) .... yrs. .... mos. **9** ds.

**CONTRIBUTORY (SECONDARY)**

**1010**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

**8** DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

**Edward Wengert**

**5-23, 1927 (Address) 2052d. Bridway**

\*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**

**DATE OF BURIAL**

**St. Matthews Cem**

**5-25 1927**

**20. UNDERTAKER**

**ADDRESS**

**Wreck Box 2201**

**Os. Grand**

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.

ADAN  
YAHYAN  
KAMAR

1951 - 1952

1953 - 1954

1955

1956

1957 - 1958

1959 - 1960