

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

Do not use this space.

7125

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. City Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 2097 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

EMMA WAGONER

(a) Residence. No. 1527 a 79 St., 25 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1928

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

17. I HEREBY CERTIFY That I attended deceased from Jan 17, 1928, that I last saw him alive on, 1928, and that death occurred, on the date stated above, at 1205 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1859

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral hemorrhage  
B.P.

7. AGE YEARS MONTHS DAYS \* If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
68 | 2 | 1

CONTRIBUTORY (SECONDARY) 7401 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Horsecar (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....

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

18. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

10. NAME OF FATHER Wm. Nykaup

18. WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed) Henry C. Westerman, M.D. 27, 1928 (Address) City Hospital

12. MAIDEN NAME OF MOTHER Unknown

\*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.

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

14. INFORMANT (Address) City Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's DATE OF BURIAL July 27 1928

15. FEB 26 1928 Max G. Starkoff REGISTRAR

20. UNDERTAKER Thos. H. Bidermieder ADDRESS 1936 W. Louis St.

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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

Wagoner