

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

Do not use this space.

20652

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
 Township Central Concourse Primary Registration District No. 603
 City St. Louis (No. Harson Rd Webster Groves Bk. 11 Ward)

2. FULL NAME

Margaret Wagner
 (a) Residence, No. Harson Rd Webster Groves Ward Bk. 11
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 - 1956

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME My Sammes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 1

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Andrew Wagner Sr
Harson Rd Webster Groves Bk. 11

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE 6-14-32

19. UNDERTAKER (ADDRESS) Louis H. Bapp
Harson Rd Webster Groves Mo.

20. FILED 6/13 1952 L. E. Barrett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1931 to 6-12-1932

I last saw her alive on June 12, 1932. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

chronic Valvular Cardiac Condition (many years duration)
920

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Vincent Tomczak, M. D.
 (Address) 3101 1/2 Sutton Ave Maplewood Mo.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1932

