

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

Do not use this space.

20699

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis

Registration District No. 259  
Primary Registration District No. 60338  
(No. 5465, Hodiamont)

File No. \_\_\_\_\_  
Registered No. 180  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5465 Hodiamont St., \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1867</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>89</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary Engineer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year) <u>7.16</u>			
				11. Total time (years) spent in this occupation <u>37</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
	13. NAME <u>Philip Huber</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
	15. MAIDEN NAME <u>Margaret Miller</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
	17. INFORMANT (ADDRESS) <u>Mrs. W. J. Wagner 5465 Hodiamont ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Zions Cem.</u> DATE <u>June 18, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Drehmann &amp; Hoval 1905 Union Blvd</u>				
20. FILED <u>6/22</u> 19 <u>32</u> <u>G. J. Dwyer M.D.</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY That I attended deceased from June 14 1932 to June 15 1932.  
I last saw him alive on July 15 1932. Death is said to have occurred on the date stated above, at 3:30 A. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
478  
W. J. Wagner  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Wm. J. Cook M. D.  
(Address) 5752 W. Pleasant

Dr. J. Cook

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.

7-2-1932

No. 57529

57529 J. L. ...

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