

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

Do not use this space.

37538

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1026
City St. Louis (No., St. Ward)

File No.
Registered No. 10211

2. FULL NAME

Blanche M. Wagner

(a) Residence, No. 4146 Parkin Ave St. 10 Ward. (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 Female 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 Wm. F. Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1883

7. AGE YEARS 49 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME F. Wm. Jost

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Catherine Guender

16. BIRTHPLACE (CITY OR TOWN) M. S. (STATE OR COUNTRY) 2

17. INFORMANT Dr. W. F. Wagner (ADDRESS) 4146 Parkin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Nov. 21 1932

19. UNDERTAKER Wm. F. Paschedag (ADDRESS) 2825 W. Grand Ave

20. FILED NOV 19 1932 Wm. Starck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to Nov 17 1932. I last saw h. u. alive on Nov 16 1932. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:
131

Chronic Myocarditis Sept (1931)
107
Hypertension and
Chronic Interstitial Nephritis

Other contributory causes of importance:
131

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. 1

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify..... (Signed) Arthur H. Jost M. D.

(Address) 1901 Madison St

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.

