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.

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

Do not use this space. 27837

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 793 Registered No. 6868

City St. Louis (No. Deaconess Hospt. St. ..... Ward)

2. FULL NAME Magdalena Wagner

(a) Residence, No. ..... St., 4 Ward. Valley Park, Mo. R.R. #1.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (~~OR~~) WIFE OF Charles Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2-1867

7. AGE: YEARS 65 | MONTHS 11 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Own home
10. Date deceased last worked at this occupation (month and year) Jan. 1-1932
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellisville, Mo

FATHER
13. NAME Henry Jacob
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Magdalena Haas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edw. Jacob. Chesterfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellisville, Mo DATE Aug-10-1933

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo

20. FILED AUG -8 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-7-1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to Aug 7, 1933
I last saw h.c.? alive on Aug 7, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Chronic Myocarditis	
131	
93C	
95B	

131

Other contributory causes of importance:
Chronic interstitial Nephritis
Bronchiectasis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? no
If so, specify .....
(Signed) Henry F. Scott, M. D.
(Address) Ballwin, Mo.