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.

NOV 10 1933

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

Do not use this space.

34838

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. [illegible] Registered No. 9010

City St Louis Mo. (No. 2610 A Rutger St. St. ..... Ward)

2. FULL NAME Rose Wagner

(a) Residence, No. 2610 A Rutger St., 23 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: female
4. COLOR OR RACE: white
5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1876

7. AGE: YEARS 57 MONTHS 5 DAYS 12 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. " 131
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 114B

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

FATHER
13. NAME Ferdinand Riegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Emma Walz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

17. INFORMANT (ADDRESS) Miss Margaret Riegel 2610A Rutger St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mont Hope Cem DATE Oct. 19 1933

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED OCT 18 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Mo Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.15 p.m.

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

Abscess of Left Lung
Contri-Chronic Parenchymatous Nephritis

Date of onset

Other contributory causes of importance:

131

114

8

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) John J. Bracaney M.D.
(Address) Deputy Coroner

10/18/33

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