

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

Do not use this space.

41639

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 703
 City St. Louis 710 (No. Schloge Hoop St. 23 Ward 10659)

2. FULL NAME

Michael Wagner
 (a) Residence, No. 3337 Lemper St. 23 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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Bottler
 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) Germany

13. NAME Michael Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Rose Jacobson 3337 Lemper

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Dec. 14 1933

19. UNDERTAKER (ADDRESS) Ziegenhain Bros. 615 1/2 E. Chestnut St.

20. FILED 1 1933 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1928 to Dec 11 1933

I last saw him alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 5:15 P.M.

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

acute interstitial obstr.
chronic mitral regurg.
myocarditis etc.
100A
100B
 Other contributory causes of importance:
cardiopathy etc.
(mitral regurg.)
diabetes mellitus

Name of operation Exsanguination Date of Dec 11-33
 What test confirmed diagnosis? Operated 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?
 If so, specify no
 (Signed) B. L. Berneck M. D.
 (Address) 606 Carleton Bldg.

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.

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