

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

Do not use this space.

1. PLACE OF DEATH

County St Louis

Registration District No. 790

Township

Primary Registration District No. 6033E

City

(No. St Louis Co Wash.)

File No.

26363

Registered No.

230

St.

Ward)

2. FULL NAME

Ruby Wagner

(a) Residence, No. 8016 South Ave 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

May 15 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4

2

4

OCCUPATION

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

None

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)

St Louis Mo

FATHER

13. NAME

George J Wagner

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

St Louis Mo

MOTHER

15. MAIDEN NAME

Elizabeth Anderson

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

St Louis Mo

17. INFORMANT (ADDRESS)

George J Wagner 8016 South Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Valhalla

DATE

7/21

1934

19. UNDERTAKER (ADDRESS)

Drehman - Harsal 7905 Union Blvd

20. FILED

7/20

1934

Robt J. Schubert Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/19/34

1934

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 AM.

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

Child was suffering from inguinal hernia, with attacks of strangulation. Was in St. Louis County hospital for some days, on second admission.

Other contributory causes of importance:

decided to operated on child for inguinal hernia, left side. Died while on operating table, and

Name of operation _____ Date of _____

What test confirmed diagnosis? appt Was there an autopsy? yes

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 whether injury occurred in industry, at 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) Luke Burton, M. D.

(Address) 3718 Jennings Rd

Coroner, St Louis, Mo.

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.

26
8
17 1934

while under ether anesthesia.

Total collapse of upper and middle lobes of
rt. lung. Partial collapse of lower lobe. Status
thymico-lymphaticus.

Secondary; Patient died on operating table,
while under surgical repair of left inguinal
hernia, while under ether anesthesia. Cause of
death, pulmonary collapse rt side.