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

Do not use this space.

7667

MAR 28 1935

1. PLACE OF DEATH
County St Louis Registration District No. 1160 File No.
Township Primary Registration District No. 4470 Registered No. 20
City University City (No. 7034 Waterman St. Ward)

2. FULL NAME Minnie Wagener.
(a) Residence, No. 7034 Waterman 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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1859
7. AGE: Years 75 | Months 4 | Days 23 | 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. at Home
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 Ernest Wagener.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Henrietta Wagener (nee)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) H. C. Burmeister. 7034 Waterman
18. BURIAL, CREMATION, OR REMOVAL PLACE Old St Marcus Cem DATE Mch 1 1935
19. UNDERTAKER (ADDRESS) Peetz Bros 3029 Lafayette Av
20. FILED FEB 28 1935 Lena V. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1933, to February 27th, 1935. I last saw her alive on February 27th, 1935. Death is said to have occurred on the date stated above, at 6 a. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Heart.	5 years.
Other contributory causes of importance:	
Arteriosclerosis.	3 yrs.

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) Albert Weisbeuth, M. D.
(Address) 3548 - S. Grand Av.

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.

Dr. A. Bernhardt
3548 So. Grand