

JAN 19 1937

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

Do not use this space.

45068

5052

1. PLACE OF DEATH

County Jackson  
Township Raw  
City R to Mo (No. Research Hospital)

Registration District No. 309  
Primary Registration District No. 102

File No. 5052  
Registered No. 5052 St.          Ward         

2. FULL NAME

George A Wagner

(a) Residence, No. 51st & Blue Ridge St. Ward           
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 4 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rtd Funeral Director  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Director  
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) Hamilton, Ohio

MOTHER 13. NAME Adam Wagner

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

15. MAIDEN NAME Mary Ann Stengel

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

17. INFORMANT (ADDRESS) John W. Wagner 1916 Valentine St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 2 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 N. Linwood

20. FILED 12-31-36 M M Cowood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24-36, 1936, to 12-31-36, 1936

I last saw him alive on 12-31-36, 1936 Death is said to have occurred on the date stated above, at 2:45 PM

The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset 2-1-36

Other contributory causes of importance:  
Strangulated Hernia 48 hrs.

Name of operation None Date of           
What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence, fall 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) J. H. Jefferson M. D.  
(Address) 1108 Riob 12th  
H. C. W.

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. J. W. P. G.

V. A. G. H. G.