

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

Do not use this space.

CERTIFICATE OF DEATH  
**FEB 8 1937 791**

**1. PLACE OF DEATH**

96  
39  
9

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 3731a N. Broadway 2)

File No.....

**3982**

Registered No.....

**1023**

St. .... Ward)

**2. FULL NAME George E. Wagner**

(a) Residence, No. 3731a N. Broadway St. 26 Ward. 1

(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 **Male** 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 **XXXXXXXXXXXXXX**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 58 yrs.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**abt. 58 ? ?**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **237**

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 10**

13. NAME **Richard Wagner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

17. INFORMANT **Thomas R. Madden** (ADDRESS) **Public Administrator**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cert.** DATE **Jan 23rd. 1937**

19. UNDERTAKER **Harrigan & Sheahan Und Co** (ADDRESS) **4415 Washington Blvd.**

20. FILED **JAN 22 1937** **J. F. Bredeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 19th. 1937**

22. I HEREBY CERTIFY, that I attended deceased from **Jan. 18, 1937** to **Jan 19, 1937**, 19**37**  
Last saw him alive on **Jan 19 (AM)**, 19**37** Death is said

to have occurred on the date stated above, at **5 A. m. (Home)**

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

**Influenza**  
**Arteriosclerotic hemiplegic**  
**non traumatic from IB**  
**Cause unknown**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 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) **Carl C. Otterbach**, M. D.

(Address) **1509 Blount N. W. C. O. 1507**

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.

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Dr. Othman  
1509 Broadway  
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