Dr. Coleman

APR 27 1937

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

Do not use this space.

File No. 13420
Registered No. 100

1. PLACE OF DEATH
County St. Louis
Township ~~Clayton~~ Central
City Olivette
Registration District No. 789
Primary Registration District No. 6033
(No. DIELMAN + OLIVE, RD. St. Ward)

2. FULL NAME Louise Wagner
(a) Residence, No. Dielman & Olive 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.

FATHER
13. NAME David Buettner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Regina Lesch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT August Wagner
(ADDRESS) Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Immanuel Luth. DATE 3-30-37 19

19. UNDERTAKER Baumann Bros. Inc.
(ADDRESS) 2504 Woodson Rd. Overland, Mo.

20. FILED 3-29- 1937 A. A. Bachmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st 1930, to Mar. 27th 1937
I last saw h... alive on March 26th 1937. Death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of the Heart	3.1.30
Other contributory causes of importance: Arteriosclerosis	3.1.30

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) H. J. Coleman, M. D.
(Address) Pattonville, Mo.

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.