

OCT 14 1937

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

Do not use this space.

791
1008

32132

1. PLACE OF DEATH
County Isolation Hospital
Township.....
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No.
Isolation Hosp

File No.
Registered No. 8236
St. Ward

2. FULL NAME Marjorie Wagner

(a) Residence, No. Route 14, Riverview Gardens, Mo. Ward NR Riverview Gardens Mo.
(Usual place of abode) St. Louis County, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8/27/37, 1937, to 8/31/37, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1936

I last saw her alive on 8/31/1937. Death is said to have occurred on the date stated above, at 1:00 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 12

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

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

Pertussis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

Other contributory causes of importance:
Branchio-Proneuria

MOTHER FATHER 13. NAME Charles Wagner

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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

MOTHER 15. MAIDEN NAME Dora Bernhardt

23. If death was due to external cause (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.

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

17. INFORMANT (ADDRESS) B. Buttenuth, 5600 Arsenal St.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Artalham Cem DATE Sept. 2, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) Didrich Funeral Home, 5319 Valley Terrace St.

(Signed) Geo. J. [Signature], M. D.
(Address) 5600 Arsenal St.

20. FILED SEP 2 1937 J. P. Bredeck Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

