

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4837
Do not use this space.

REC'D MAR 4 1938

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St Louis Mo. (d) Street No. En route City Hospital #1 St. 1482
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Wagner 256

(a) Residence, No. 1442 Sarsfield St. 2nd (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Elizabeth Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 11

OCCUPATION

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

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

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 Melchior Wagner

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

MOTHER

15. MAIDEN NAME Margaret Kinkle

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

17. INFORMANT (ADDRESS) Mrs Elizabeth Wagner
1442 Sarsfield, ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 2-11-38

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros
4259 Lindell

20. FILE FEB 11 1938 J. B. Bradshaw

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 11:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis.
Arteriosclerosis
 Other contributory causes of importance:
 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? Yes
 If so, specify
 (Signed) Joseph M. Quinn
 (Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, W. Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. [unclear]

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. Rogers

Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)