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.

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

REC'D MAY 10 1938

Do not use this space.

13033

1. PLACE OF DEATH
County St. Louis
Township
City Mo (No. Bethesda Hospital St. Ward)
Registration District No. 701
Primary Registration District No.
File No.
Registered No. 3637

2. FULL NAME Mardelle Wagner
(a) Residence, No. Collinsville St. Ill. Ward N. R.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1938
7. AGE YEARS — MONTHS — DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Child
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) Collinsville Ill.

FATHER
13. NAME Mearl Wagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calif.

17. INFORMANT (ADDRESS) Mother Roy H. Wagner Collinsville, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Collinsville DATE April 19 1938
19. UNDERTAKER (ADDRESS) Vinson Hill Hosp. Collinsville Ill.
20. FILED APR 19 1938 J. V. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1938, to Apr 19, 1938
I last saw her alive on Apr 18, 1938 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Abscesses from Umbilical Infection	Apr 7 38
Other contributory causes of importance:	
Septicemia	Apr 12-38

161 d

Name of operation Incision of abscesses Date of Apr 13-38
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) John Zahorsky, M. D.
(Address) 536 N. Taylor

Not embalmed
L.F