

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

AUG 12 1938

791  
1008

23414

Do not use this space.

6108

1. PLACE OF DEATH  
(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City St. Louis (d) Street No. 3233<sup>a</sup> Caroline St. 18  
(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 Ella May Wagener  
(a) Residence, No. 3233<sup>a</sup> Caroline St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George S. Wagener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55      1      19

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. May 19 - 1883  
9. Industry or business in which work was done, as saw mill, bank, etc. Home wife  
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) Mo.

FATHER  
13. NAME Luther B. Callison  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nancy Harrington  
Mo.

17. INFORMANT Ella Wagener  
(ADDRESS) 3233<sup>a</sup> Caroline

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Warr Mo. DATE July 1938

19. FUNERAL DIRECTOR Fred M. Williams  
(ADDRESS) 4535 Washington

20. FILED JUL 8 1938 J. D. Bredner  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from aper 1 1938, to July 8 1938  
I last saw her alive on 7/7 1938. Death is said to have occurred on the date stated above, at 104 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral atrophy      Date of onset 1934

Other contributory causes of importance: 876

Name of operation none Date of.....  
What test confirmed diagnosis? X-ray 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) L. R. Wentzel M. D.  
(Address) 2726 Chouteau

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Gray W Wilkinson*

Licensed Embalmer No.....

*3574*

**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.)**