

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

30607
Do not use this space.

DEC'D OCT 12 1938

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds. D. 8515

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. City Hospital No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 8044

2. PRINT FULL NAME

(a) Residence, No. Baby Wagner
2206 South 3rd St.
(Usual place of abode, if no street address, write county or city)

256
23
(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 single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 0 45

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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, Missouri

FATHER
13. NAME Ralph Wagner

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

MOTHER
15. MAIDEN NAME Martha Bowles

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

17. INFORMANT (ADDRESS) Hosp. Info M. ent

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE Sept. 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister & Co. 7814 S. Broadway

20. FILED SEP 12 1938 J. B. Buckley (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/38

22. I HEREBY CERTIFY, That I attended deceased from 9/10/38 to 9/10/38
I last saw her alive on 9/10/38 Death is said to have occurred on the date stated above, at 2 P. m.

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

Prematurity
1938
Other contributory causes of importance:

Name of operation..... Date of.....
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) Arthur J. Williams, M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Geo. H. Hoffmeister....., Licensed Embalmer No. 2426

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Geo. H. Hoffmeister
.....
Licensed Embalmer No. 2426

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.)