

REC'D FEB 10 1939

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

129

Do not use this space.

791

1003

129

1. PLACE OF DEATH

(a) County / Registration District No.
(b) Township / Primary Registration District No.
(c) City St. Louis / (d) Street No. De Paul Hospital St.
(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

256 MARIA WAGNER,
(a) Residence, No. 3110 North 13th Street St. 26
(Usual place of abode, if no street address, write county or city) (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 19

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

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) Germany

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Mrs. Stella Rose
3110 North 13th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE Jan. 5, 1939

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. JAN 4 1939, 19

J. B. Breda
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 193922. I HEREBY CERTIFY, That I attended deceased from 11-28-38 to 1-3-39, 19

I last saw her alive on 1-2-39 at 2:45 A. M. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Pneumonia pneumonia 3 days
none

Other contributory causes of importance:
none

Name of operation none Date of operation 12-31-38

What test confirmed diagnosis? examined Date of 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 Walter H. Roemer, M. D.

(Signed) Walter H. Roemer, M. D.

(Address) 1506 St. Louis

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

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 William G. Buchholz

Licensed Embalmer No. 2110

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.)