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.

MAR 13 1939

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

4907
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1600
(c) City St. Louis (d) Street No. Lutheran Hosp. 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.

256

2. PRINT FULL NAME Jacob J. Wagner
(a) Residence, No. 2238 Gaine St. St. 23
(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: 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 Lulu Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Ludlow Saylor Wire Co.
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Maggie Siesel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lulu Wagner 2238 Gaine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Feb. 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED FEB 19 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1939 to Feb. 17th, 1939
I last saw him alive on Feb. 17th, 1939. Death is said to have occurred on the date stated above, at 11:40p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1 wk
131	
Other contributory causes of importance:	
Interstitial Nephritis Chronic	3 Mo

Name of operation None Date of .....
What test confirmed diagnosis? Lab. Phys. 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? Lutheran Hospital
(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) Dr W. H. Walters, M. D.
(Address) 3608 So. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert C Wheeler, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.