

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.

REC'D OCT 14 1938
Registration District No. **791**

1003

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis. **1**
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution February 5, 1938
37 years. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 6438 Vermont (b) County 1
(c) City or town St. Louis, Mo. **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.: Germany. _____ years.

3. (a) PRINT FULL NAME William A. Wagner. **256**
3. (b) If veteran, Cannot say. name war _____
3. (c) Social Security Cannot say

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 7,
year 1939. hour 5:20 minute _____ a. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Augusta Ann Meyer. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 19, 1858.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-3-1938, to 9-7- 1939
that I last saw him alive on 9-6- 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 10 18 hr. _____ min

Immediate cause of death
Chronic Hypertension
Duration _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation No Occupation

Due to Generalized Arteriosclerosis
Due to Senility

11. Industry or business _____
MOTHER FATHER { 12. Name William Wagner **9**
13. Birthplace Unknown (State or foreign country) **9**
14. Maiden name Unknown
15. Birthplace Unknown (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Yes.

16. (a) Informant's own signature E. Molony
(b) Address 5800 Arsenal St.
17. (a) _____ (b) Date thereof 9/9/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Part Hansen
18. (a) Signature of funeral director Southern Funeral H.
(b) Address 6320 S. Grand
19. (a) SEP 8 1938 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature E. F. Allen (M. D. or other) _____
Address 5600 Arsenal _____

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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Virgil Berryman

Licensed Embalmer No. 4818

P. O. Address. St Louis Mo

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.)

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