

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

**43305**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Franklin Registration District No. 264  
(b) Township St. Clair Primary Registration District No. 1176  
(c) City St. Clair (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 256 William Wagner St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ester Wagner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1873</u>		
7. AGE <u>66</u>	YEARS <u>4</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Mechanic</u>		
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) <u>Wentworth, Penn.</u>		
13. NAME <u>Geo. Wagner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
15. MAIDEN NAME <u>Elizabeth Hoff</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
17. INFORMANT (ADDRESS) <u>Ester Wagner, St. Clair, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Clair, Mo.</u> DATE <u>Dec. 30, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Casper &amp; Son, St. Clair, Mo.</u>		
20. FILED <u>Jan. 9, 1940</u> M. H. Duckworth Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26-1939 to 12-28-1939  
I last saw him alive on 12-28-1939. Death is said to have occurred on the date stated above, at 6 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset 12/26/39

Other contributory causes of importance: 82 lb

Name of operation Cin Date of no  
What test confirmed diagnosis? Cin 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) W. H. Duckworth M. D.  
(Address) St. Clair, Mo.

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.

**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 H. M. Lenox  
Licensed Embalmer No. 3601  
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.**