

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

44254

Registration District No.

657

Primary Registration District No.

4393

Registrar's No.

16

1. PLACE OF DEATH:

- (a) County Perry  
(b) City or town Altenberg Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

8. (a) PRINT FULL NAME Anna J. Wagner

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theodore Wagner 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 14 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name Ernst Burkhardt

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Schuesler

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Fischer

(b) Address 4623 Chippewa St. Louis, Mo.

17. (a) Burial (b) Date thereof Dec. 28 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenberg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 12-27-1939 (b) Ralph E. Schmidt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Perry  
(c) City or town Altenberg Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1939 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 25 1937  
to December 25 1939  
that I last saw him alive on December 25 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 week

Due to Chronic Myocarditis

Due to Atherosclerosis & Hypertension

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

23. 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)

23. Signature Theodore Fischer M.D. (M.D. or other)

Address Altenberg Mo. Date signed 12/27/39

---

---

**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.....

Licensed Embalmer No. 2138

P. O. Address. Perryville 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.**