E14453

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9260

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2743

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 11 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

Street No. 4641 Maffitt (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul Wagner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Wagner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 21 (Day) 1873 (Year)

8. AGE: Years 66 Months 3 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Pattern Makert.

11. Industry or business

FATHER
12. Name Paul Wagner Sr.
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Kathryn Reith

(b) Address 3315a Lemp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-40. (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Schumacher Bros Co

(b) Address 3013 Meramec

19. (a) MAR 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1940 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from January 19, 1940, to March 23, 1940, that I last saw him alive on March 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lt Lower Type I Bronchiectasis bilateral	
Due to Aortitis Syphilitic	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jas. F. Davis (M. D. or other)

Address 1515 Lafayette, Date signed 3/23/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19311

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 George J. Ruhambault, Registered Apprentice No. ——, working under my personal supervision.

Signed George J. Ruhambault

Licensed Embalmer No. 2906

P. O. Address 3023 Miramar

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.