

Registration District No. **1791-17100** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthonys Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **1 day** (Specify whether  
In this community **1 day** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Lemay Mo. R.R. #8.** (If outside city or town limits, write "RURAL") **N.R.**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Baby Herman Wagner** **256**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June, 1, 1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 0 0 9 hr. 30 min.**

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

10. Usual occupation **Nihil**

11. Industry or business **6**

12. Name **Herman Wagner** **0**

13. Birthplace **ST. Louis Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Krassinger**

15. Birthplace **St. Louis Co. Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Wagner**

(b) Address **Lemay Mo. R.R. #8**

17. (a) **Burial** (b) Date thereof **6/3/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mattese Mo.**

18. (a) Signature of funeral director **Fendler Und Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **JUN 3 1940** (b) **J. F. Dredick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st**  
year **1940** hour **9** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **June 1st 1940** to **June 1st 1940**  
that I last saw him alive on **June 1st 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia neonatorum 9 1/2 hrs.**

Due to **Profound cord before birth - breech presentation.**

Due to **Prematurity (35 wks)**

Other condition **(Injuries ascertained)**  
(Include pregnancy within 3 months of death)

Major findings: **160**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **D. A. Schurmer** (M. D. or other) **MD**  
Address **421 W. Schurmer** Date signed **6/3/40**

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

**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

*Wilson Collins*

Licensed Embalmer No.

*3887*

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.**