

13 AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23910**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6355**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: **2621a McNair** **2**
(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

3. (a) PRINT FULL NAME **Regina Wagner** **256**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **female** race **white**

5. Color or race _____

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

6. (b) Name of husband or wife **Eugene C.**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **September 25, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	10	1	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Zanger**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene C. Wagner**

(b) Address **2621a McNair Ave.,**

17. (a) **burial** (b) Date thereof **7/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa St.**

19. (a) **JUL 29 1940** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")

(d) Street No. **2621a McNair**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1940** hour **68** minute **0** P.M.

21. I hereby certify that I attended the deceased from **December 24** 19**39** to **July 26** 19**40**
that I last saw **renewal** on **July 22.6** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Cardio-Vascular Renal Disease**

Due to _____

Other conditions (include pregnancy within 3 months of death) **131**

Major findings: Of operations _____

Of autopsy _____

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? **Self**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Wm. P. Simon** (M. D. or other) _____

Address **1115 Victor St. Gr. 0078** Date signed **7-29-40**

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 2747 Dunnica

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.