

FILED AUG 5 1949

S. No. 2
-11-10-39
v. 5-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26208

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1311

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 hrs. 30 m
 (Specify whether
 In this community 60 years
 years, months or days)

3. (a) PRINT FULL NAME Daniel Wagner 2563. (b) If veteran, name war ? 8. (c) Social Security No. ?4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced widower6. (b) Name of husband or wife Emma Wagner 6. (c) Age of husband or wife if alive ? years7. Birth date of deceased Aug. ? 1861 ?
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 ? ? ? hr. min.9. Birthplace Calloway County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation nil.11. Industry or business ?12. Name Rafe Wagner13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Charlotte Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Daniel Wagner Jr.(b) Address Glencoe Mo.17. (a) (Burial, cremation, or other disposal) (b) Date thereof 7-17-40
(Month) (Day) (Year)(c) Place: burial or cremation Bethel Ceme-18. (a) Signature of funeral director J. E. Lewis(b) Address Webster, Mo.19. (c) JUL 15 1940 (Date received local registrar) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Glencoe
 (If outside city or town limits, write "RURAL")
 Street No. Manchester Rd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1940 hour 7 minute :55 P.M.21. I hereby certify that I attended the deceased from 7-12-40
19?, to 7-12-40, 19?;
that I last saw him alive on 7-12-40, 19?;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia Several days
Dehydration, anhydremia 1

Due to

Due to 107Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy Bronchopneumonia

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
2707
While at work? (Specify type of place) (e) Means of injury23. Signature M. A. Spitz (M. D. or other) ?Address St. Louis County Hosp Date signed 7/15/40

(Licensed Embalmer's Statement on Reverse Side)

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

26
22
2

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 _____

J. Lewis

Licensed Embalmer No. _____

2027

P. O. Address _____

25 Euclid Ave. Gr

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.