

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9032**

FILED DEC 11 1940

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: **St. Louis City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Ida Wagner**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 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 **Unknown**
(Month) (Day) (Year)

8. AGE: Years **abt 71** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Philip Wagner**

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

14. Maiden name **Anna Hiedberger**

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

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

(b) Address **3910 Loughborough**

17. (a) **Burial** (b) Date thereof **11/2/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Marcus Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **NOV 2 1940** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **24**
(If outside city or town limits, write "RURAL")
(d) Street No. **3421 Missouri**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**
year **1940** hour **12:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 22**, 19**40**, to **November 1**, 19**40**;
that I last saw h. **er** alive on **November 1**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of heart - metastasis**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **Not done.**

Duration _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **R. J. Maxwell** (M. D. or other) _____
Address **1515 Lafayette Ave.** Date Signed **11/1/40**

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..... *Harry Epstein*.....
Licensed Embalmer No. *1284*.....
P. O. Address *So. 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, fact should be so stated above.