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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 487

FEB 25 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 487

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1713
(If outside city or town limits write "RURAL")

(d) Street No. 5800 Arsenal 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mary F. Wagoner

3. (b) If veteran, name war ----

3. (c) Social Security No. Unknown

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased March (Month) 26 (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Peter Hunt
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

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

16. (a) Informant J. G. Sullivan
(b) Address 5800 Arsenal St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway 8 44

19. (a) JAN 17 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1941 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940, to Jan. 14, 1941;
that I last saw her alive on Jan. 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Bronchopneumonia

Due to Chronic nephritis
Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature R. E. Shank (M. D. or other)
Address St. Louis Inv. Hosp. Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Myland

Licensed Embalmer No. 2645

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.