

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4285

State File No. \_\_\_\_\_

Registration District No. 284

Primary Registration District No. 109

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7421 Zepher Plc.,  
(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 Ernest F. Wagner,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow

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

7. Birth date of deceased May 5, 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace East Prussia, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired gardner,

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name ?

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

14. Maiden name ?

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

16. (a) Informant Ulrich C. Wagner,  
(b) Address 7421 Zepher Plc.,

17. (a) Burial (b) Date thereof 1/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 4 - 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 7421 Zepher Plc., 3  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3,  
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 1/3/41, 19\_\_\_\_;  
that I last saw him alive on 1/3/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 days

Due to \_\_\_\_\_

Due to 107

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. O. Breckenridge (M. D. or F.D.S.) D  
Address 2610 Sutton Ave. Date signed 1/17/41.

**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.....

Licensed Embalmer No. *1994*

P. O. Address.....

**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.**