

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8940

Do not use this space.

2350

1. PLACE OF DEATH **791** Registration District No. **1003**
- (a) County.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City **St. Louis Mo.** (d) Street No. **A. St. Louis Children's Hospital** (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Terry Franklin Wagner**
- (a) Residence, No. **1318 Adams** St. **Beardstown, Illinois** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX m | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 12 1941 | | |
| 7. AGE | YEARS 0 | MONTHS 2 |
| | | DAYS 2 |
| | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown, Illinois | |
| FATHER | 13. NAME Clarence Wagner | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois | |
| MOTHER | 15. MAIDEN NAME Ruth Dann | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois | |
| 17. INFORMANT (ADDRESS) Patricia Moore St. Louis Children's Hospital | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE BEARDSTOWN, ILL. DATE 3-15 41 | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert A. Hoppe 4700 Washington St. St. Louis | | |
| 20. FILER MAR 14 1941 J. M. Bredbeck Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-14 1941**

22. I HEREBY CERTIFY, That I attended deceased from **3-6-1941 to 3-14 1941**

I last saw him alive on **3-14 1941** Death is said to have occurred on the date stated above, at **8 a.m.**

The principal cause of death and related causes of importance were as follows:

- Congenital paralysis of diaphragm (left).**
- Multiple anomalies.**

Other contributory causes of importance:
Upward displacement of abdominal organs into chest.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify **R. J. Bla. Spec** (Signed)..... M. D.
(Address) **500 St. Louis**

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1023

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. Wm. Binkley

Licensed Embalmer No. 3633

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.