

No. 2
1-4-41
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12851

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3281

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 4 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harry Wagner
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 27 _____ hr. _____ min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Sebastian Wagner

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

14. Maiden name Christina Herd

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

16. (a) Informant Edw. Wagner

(b) Address Knoxville, Iowa.

17. (a) Removal (b) Date thereof 4/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville, Iowa.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 15 1941 (b) J. H. Breck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Marion
(c) City or town Knoxville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 10, 1941 to April 13, 1941
that I last saw h. im alive on April 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Peptic Ulcer
Due to _____
Due to _____

Other conditions Chronic Alcoholism
(Include pregnancy within 3 months of death)

Major findings: Perforated Peptic Ulcer
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. V. Mully
Address 1515 Lafayette Avenue Date signed 4/15/41

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

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7
9

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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.....

Robert G. Hope

Licensed Embalmer No. 2971

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.