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No. 2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 13123  
Registrar's No. 3553

MAY 13 1941

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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 3 Days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 19  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 E MARCEAU ST.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24,  
year 1941 hour 1:56 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from April  
22, 1941, to April 24, 1941;  
that I last saw him or alive on April 24, 1941;  
and that death occurred on the date and hour stated above.

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HARRY 6. (c) Age of husband or wife if  
alive 31 years  
7. Birth date of deceased. JUNE 6 - 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months 10 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace OAKVILLE MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name JOHN FARLEY  
13. Birthplace OAKVILLE MO 0  
(City, town, or county) (State or foreign country)  
14. Maiden name ANNIE SCHARBOUD  
15. Birthplace PITTSBURG PA. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Wagner

(b) Address 419 E MARCEAU ST.

17. (a) BURIAL (b) Date thereof APR. 27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director J. P. Finckel  
(b) Address 7125 Michigan St.

19. (a) APR 25 1941 (b) \_\_\_\_\_  
(Date received by registrar) (Registrar's signature)

Immediate cause of death Hemorrhage

Due to Placenta Previa  
(Death before delivery)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 1430g  
Of autopsy 1414g

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 W. S. Lawler (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 4/24/41

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

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.**