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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15891**
Registrar's No. **892**

Registration District No. **784** Primary Registration District No. **117**

1. PLACE OF DEATH:
(a) County **Saint Louis**
(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
13 Alison Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **16 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **96**
(c) City or town **Webster Groves** (If outside city or town limits, write "RURAL") **7**
(d) Street No. **13 Alison Avenue** (If rural, give location) **4**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Samuel Wagner**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **24**,
year **1941** hour **10** minute **30 P.M.**

4. Sex **Male** 2
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Wagner**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **March 14, 1852**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
....., 19..... to **April 24**, 19 **41**
that I last saw him alive on **April 24**, 19 **41**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 **1** **10** hr. min.

Immediate cause of death.....
Chronic Cystitis
Duration

9. Birthplace **Mexico Missouri**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions **Infirmities, Old Age**
(Include pregnancy within 3 months of death)

10. Usual occupation **Laborer**

11. Industry or business **Unemployed**

Major findings:
Of operations **none**
Of autopsy **no**

12. Name **Unavailable**

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

14. Maiden name **Unavailable**

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

16. (a) Informant **Harry Wagner**

(b) Address **18 Wellington Avenue**

17. (a) **Burial** (b) Date thereof **4/28/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pond, Missouri**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Avenue, St. Louis**

19. (a) **APR 27 1941** (b) **B. R. Meyers, M.D.**
(Date received local registrar) (Registrar's signature)

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?
to St. Charles (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **E. J. Downey** (M. D. or other) **0**
Address **Kirkham Ave, Webster Groves, Mo**
Date signed **4/25/1941**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

James A. Johnson

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.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.