

FILED MAR 16 1942
Registration District No. 7800

Primary Registration District No. 200

Registrar's No. 541

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. # 5 Box 175 Kelayton Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 5 - Box 175
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Bertha Georgia Wagner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour _____ minute 35 A.M.

21. I hereby certify that I attended the deceased from July 28 1941 to March 7 1942
that I last saw her alive on March 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - both lungs and right breast (metastatic)
Due to: Primary carcinoma of right breast (removed 4 1/2 yrs. ago.)
Duration 4 yrs.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew L. Wagner 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: Feb. 22 - 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Theodore Reitz
13. Birthplace Ed Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Emma Baumgardner
15. Birthplace Ed Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Andrew L. Wagner

(b) Address R.R. # 5 Box 175

17. (a) Burial (b) Date thereof 3-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lab. Charles Lemley

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Berkwood, Mo

19. (a) MAR - 9 1942 (b) C. H. Gockelman
(Date received local health officer) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

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 C. H. Gockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed _____

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

7600

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.....

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.