

FILED APR 27 1942 791

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3461

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1718 Arlington Ave.
(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)

3. (a) PRINT FULL NAME **Louis Wagenman**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased **Oct 14 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 2 hr. min.

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

10. Usual occupation **CLERK Day Care**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Louis Wagenman**
13. Birthplace **Germany U**
(City, town, or county) (State or foreign country)
14. Maiden name **Lenora Yox**
15. Birthplace **Germany U**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert C. Wagenman**

(b) Address **1718 Arlington Ave.**

17. (a) **Burial** (b) Date thereof **4-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **APR 17 1942** (b) **J. J. Prudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1718 Arlington Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **16**
year **1942** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Jan 13** 19**42** to **April 14** 19**42**
that I last saw him alive on **April 14** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
1) Chronic myocarditis Duration **5-10y**

Due to **a) lingua pectoris**
b) arteriosclerosis
Due to **c) hypertensive heart disease**

Other conditions..... (Include pregnancy within 3 months of death) **93**

Major findings: Of operations..... **93 E**

Of autopsy.....

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 **William H. Grundmann M.D.** (M. D. or other)
Address **2519 N. Jefferson C.** Date signed **4/17/42**

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

Mr. W. A. Burchmore 3334
2519 N. Jefferson
1-3 Friends

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..... *Albert R. Thompson Jr.*

Licensed Embalmer No..... *4237*

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.