V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

State File No. 13152

Registration District No. FILED MAY 19 1942 1421

Primary Registration District No. 1002

Registrar's No. 4089

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: ST. ANTHONY HOSP. 0
(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 MO (b) County ST. LOUIS 96

(c) City or town LEMAY. N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 8401 ALASKA. AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY WAGNER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATIE

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. (Month) 29 (Day) 1863 (Year)

8. AGE: Years 78 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business UNEMPLOYED

FATHER
12. Name GEORGE WAGNER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant KATIE WAGNER
(b) Address 8401 ALASKA. AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY. 11-42 (Month) (Day) (Year)
(c) Place: burial or cremation EV. LUTH. ST. TRINITY

18. (a) Signature of funeral director Jos P. Fraeler Jr
(b) Address 7128 Michigan Av

19. (a) MAY 9 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7 year 1942 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from March 1, 1942, to May 7, 1942; that I last saw him alive on May 7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrenous Appendicitis	4 days
Due to: Peritonitis	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fract. rt. tibia & fibula	7 wks

Major findings:
Of operations none.
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) Accident
(b) Date of occurrence 3-9-1942 006
(c) Where did injury occur? In his home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? N.R. (Specify type of place)
While at work? No. (e) Means of injury Fall

23. Signature G. A. O'Sullivan (M. D. or other) M.D.
Address 421 W. Lebanon Date signed 5/8/42

(Licensed Embalmer's Statement on Reverse Side)

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Ramapo [illegible]

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.