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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1008

16771

State File No. 4798

Registration District No.

Primary Registration District No.

Registrar's No.

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

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17
9

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:
Missouri-Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")

(d) Street No. 6436 Oleatha Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roy F. Wagstaff

3. (b) If veteran, name war No

3. (c) Social Security No. 498-07-5884

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Irene Wagstaff

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 16 (Month) 1888 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Plaster

11. Industry or business Geo. Kost

FATHER
12. Name William Wagstaff
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Hatton
15. Birthplace Rhode Island (City, town, or county) 1 (State or foreign country)

16. (a) Informant Irene Wagstaff
(b) Address 6436 Oleatha Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hadley-Selderle Und. & Liv. Co
(b) Address 3634 Gravois Ave.

19. (a) JUN 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 8 minute 04 A.M.

21. I hereby certify that I attended the deceased from May 15, 1942, 19, to May 30, 1942;
that I last saw him alive on May 29, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Pneumonia, Appendiceal Abscess — Duration

Due to

Due to 121.2

Other conditions Coronary Heart Desease Hypertension, Nephritis, Ac
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Appendiceal Abscess

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?
(Specify type of place)
While at work? (e) Means of injury Spiry

23. Signature [signature] (M.D. or other) 0
Address 3720 Washington Date signed 6/1/42

844 (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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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.