

59
No. 2
1-9-44
7-5-17-39
X29484

FILED AUG 6 1942
791

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6091**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Edwin Richard Wagner**
(b) If veteran, name war **no**
(c) Social Security No. **493-10-6711**

4. Sex **male 0**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **3 divorced**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 28, 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	11	17	hr. min.

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

10. Usual occupation **Hod Carrier**

11. Industry or business.....
12. Name **Adam Wagner**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Wilhelm**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed. Wagner**
(b) Address **Box 262 Rt. 11 Lemay Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 18/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Weick Brothers**
(b) Address **2201 S. Grand Bl.**

19. (a) **JUL 18 1942** (Date received for local registration) **J. Z. Pudelek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3994 1st Ave.** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**, year **1942** hour **4:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 10**, 19 **42** to **July 15**, 19 **42**
that I last saw him alive on **July 15**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bacterial Endocarditis**
Due to **Inferior of Lung**
Due to **91 a**
Other conditions (Include pregnancy within 3 months of death) **91 a**
Major findings: Of operations.....
Of autopsy **as above**

Duration
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 **0**
23. Signature **Louis S. Needoff** (At Death other)
Address **1515 Lafayette Avenue** Date signed **7/16/42**

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 3722

P. O. Address: 412 Duchouquette St.

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.