

FILED JAN - 5 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
3029 Longfellow Blvd.
(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 Annabel Nulsen Wagner.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edwin P. Wagner 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 25, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 1 - hr. min.

9. Birthplace Malvern, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER

12. Name Max A. Nulsen
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Hickey,
15. Birthplace LaSalle, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Max A. Nulsen
(b) Address 3029 Longfellow

17. (a) burial (b) Date thereof 12/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert M. Ambruster

(b) Address Clayton Rd. Concordia Lane

19. (a) DEC 29 1942 (b) J. P. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25,
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July
1938 to December 25, 19 42
that I last saw her alive on 12-7-42, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....

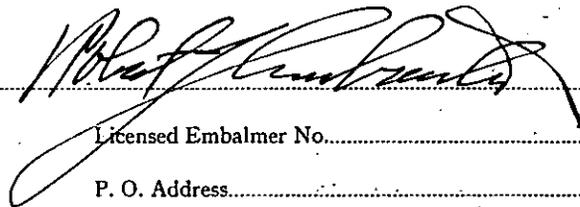
23. Signature Wm B. Kouty (M.D. or other)
Address 4500 Olive Street Date signed 12/26/42

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

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.