

FILED JAN 7 1943
784

Registration District No.

Primary Registration District No. 200

Registrar's No. 2576

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chambers and Halls Ferry Rd. /
(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

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

(d) Street No. Chambers and Halls Ferry Rd.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Minnie J. 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 Married

6. (b) Name of husband or wife John Wagner 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 23 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 9 If less than one day
hr. min.

9. Birthplace Pinckneyville, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name William Gosmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schmeltzer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Wagner

(b) Address Baden Station R.R. Box #862

17. (a) removal (b) Date thereof 12-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinckneyville, Ill

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd,

19. (a) DEC 4 - 1942 (b) C. G. McLaughlin
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1942 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 8/42 to Nov 30, 1942

that I last saw her alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis

Due to.....

arterial Sclerosis

chronic Hypertension

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

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

PHYSICIAN

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 J. O. Decker (M, D, or other).....

Address 12501 W. Harrison Date signed 11/42

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

96
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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 G. W. Wilkinson
Licensed Embalmer No. 3575

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.