

ED. APR 19 1943

318

Primary Registration District No. **1003**

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

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:  
**3430 Arsenal St.**  
(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 **Missouri** (b) County **Nodaway**  
(c) City or town **Burlington Junction**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Carl Wagner**

3. (b) If veteran, name war..... 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Esther Wagner** 6. (c) Age of husband or wife if alive **33** years  
7. Birth date of deceased **July 1 1899**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **9** Days **0** If less than one day hr. min.

9. Birthplace **Sterling Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister**

MOTHER FATHER 11. Industry or business

12. Name **Fredrick Wagner**  
13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minnie Laeger**  
15. Birthplace **Miller County Mo.** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Wagner**  
(b) Address **Burlington Junction, Mo.**

17. (a) **Burial** (b) Date thereof **4/4/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppeing**  
(b) Address **4700 Washington Blvd.**

19. (a) **APR 7 1943** (b) **J. P. Fredrick**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1**  
year **1943** hour **1:30** minute **0** P. M.

21. I hereby certify that I attended the deceased from **March 29, 1943** to **Apr 1, 1943**  
that I last saw him alive on **Mar 31, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Leukemia Liver** Duration **6 mo**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
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).....  
(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 **J. P. Fredrick** (M. D. or other)  
Address **2505 N.W. 101st Street** Date signed **4/2/43**

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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 J. Allen Davis, Jr.  
Licensed Embalmer No. 4053  
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.