

X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15222

State File No. _____

REC'D MAY 11 1943

Registration District No. 309

Primary Registration District No. 6050

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town West Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Portland Sanimony Ho
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles below West Alton (If rural, give location)
(e) If foreign born, how long in U. S. A? no. years.

3. (a) PRINT FULL NAME CLARA WAGEMANN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUGUST WAGEMANN 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL 22 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 18 If less than one day hr. min.

9. Birthplace WEST ALTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

12. Name ERNEST HANNEBAUM

13. Birthplace U. GER. 4
(City, town, or county) (State or foreign country)

14. Maiden name LENA BREADENSTEINER

15. Birthplace U. GER. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margarete E. Wagemann

(b) Address West Alton, Mo

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

(c) Place: burial or cremation EBENEZER CEM.

18. (a) Signature of funeral director John A. Hochm

(b) Address Alton Ill

19. (a) Jan 12/43 (b) E A Barnard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 6th
1943, to Jan 10th, 1943

that I last saw her alive on Jan 10th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Influenza a
abdominal type 4 day
Due to Chronic myocardial 12 years
degeneration.
Due to hypertension obesity 20 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 530
Of operations 530
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 E A Barnard (M. D. or other) _____
Address Postage No 511 Date signed 4/15/43

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

72
00
0

678

(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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. Hochm

Licensed Embalmer No.....

1842

P. O. Address.....

Alton Ills.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15222
Registrar's No. 2

Registration District No. 309 Primary Registration District No. 605-0

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town West Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 _____ (b) County _____
(c) City or town _____ (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 Clare Wagemann
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I know how he _____ live on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 5-1 Months 8 Days 6 If less than one day _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Margaret Wagemann
(b) Address West Alton Mo.
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address Jan 26 1943 Rose Barnard
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-15222