

FILED MAY 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4361

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME Clara Wagner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank Wagner 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 31st 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Collinsville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Robert Albrecht

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

14. Maiden name Marie Estel

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Wagner

(b) Address 7539 Comfort

17. (a) Burial (b) Date thereof 5/11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.

(b) Address MAY 11 1943 1936 St. Louis Avenue

19. (a) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7539 Comfort Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1943 hour 11 minute 07 P.M.

21. I hereby certify that I attended the deceased from MOUIS 1941 to May 8 1943

that I last saw her alive on May 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver & Intestines  
Duration 4 mo

Due to Primary in Breast

Due to 50

Other conditions Chronic Valvular Cardiac Condition  
(Include pregnancy within 3 months of death) Yes

Major findings: Operation 11-19-41  
Of operations Carcinoma of Breast St. Marys Hospital  
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 \_\_\_\_\_

23. Signature Vincent J. Townsend (M. D. or other) MD  
Address 3101 S. Sutton Ave Maplewood Date signed 5.12.43

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..... *Thos. M. B. derwyden* .....

Licensed Embalmer No. *506* .....

P. O. Address *St. Louis, Mo.* .....

**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.**