

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5462**

1. PLACE OF DEATH:

(a) County City of St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town Belleverie
(If outside city or town limits, write "RURAL")
(d) Street No. 313 So. High Street
(If rural, give location) NR 11
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 8:20 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 13, 1943
that I last saw him alive on June 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 15 minutes

Due to Arteriosclerosis 5 yrs

Due to 1/2 1/2

Other conditions Irregular Heart 3 yrs
(include pregnancy within 3 months of death)

Major findings: Operated 6/8/43
Of operations as above

Of autopsy _____
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)
Means of injury _____

23. Signature Charles H. Skell (M. D. or other)
Address 508 N. 9th Date signed 6/13/43

3. (a) PRINT FULL NAME WAGNER, ARTHUR WILLIAM

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

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

6. (b) Name of husband or wife Nellie Stefest 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: FEBRUARY 16 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 27 If less than one day hr. _____ min. _____

9. Birthplace St. Clair County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dentist

12. Name Rudolph Wagner

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

14. Maiden name Sausanna Lippel

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

16. (a) Informant Dr. E. R. Wagner

(b) Address 203 Paulina Bldg

17. (a) Removal (b) Date thereof June 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery Ill.

18. (a) Signature of funeral director George Renner
(b) Address Belleverie, Illinois

19. (a) JUN 15 1943 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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

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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.....
Licensed Embalmer No. 2314
P. O. Address. Belleville, Ill.

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.