

Registration District No. **318**

Primary Registration District No. **1003**

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
Announced dead City Hosp #1
(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.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3527 Pennsylvania Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William S. Wagner**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **498 09 1451**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14th**
year **1943** hour **6:45** minute **P.** M.
21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased **March 3, 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **11** If less than one day hr. min.

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

10. Usual occupation **Beer Bottler**

11. Industry or business.....

MOTHER-FATHER { 12. Name **Phillip Wagner**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Helberger**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Wagner**
(b) Address **3527 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 18/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old St. Marcus Cm.**

18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**

19. (a) **OCT 16 1943** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

Immediate cause of death.....
Carcinoma of the head of the pancreas
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
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)
(c) Means of injury.....
23. Signature **Alfred J. Perry** (M. D. or other)
Address **Deputy Coroner** Date signed **10/16/43**

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

Waring A. Stewart

Licensed Embalmer No. 3722

P. O. Address...412 Duchouquette S.

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.