

FILED FEB 5 1944
Registration District No. **3177**

Primary Registration District No. **3063**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
96
2
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days 0
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 7306 Manchester
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wagner, Gertrude

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

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

6. (b) Name of husband or wife Edward Wagner 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 1-23-1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 20 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name FREDERICK KLEIN

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

14. Maiden name FANI DEETZ

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

16. (a) Informant self
(b) Address as above

17. (a) BURIAL (b) Date thereof 1/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM.

18. (a) Signature of funeral director M. J. CROGHAN
(b) Address 7146 Manchester
19. (a) FEB 7 1944 (b) E. D. Mc Gowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 44 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-11-44 1944 to 1-13-44 1944
that I last saw h. or alive on 1-11-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA

Due to CARCINOMA
CERUT

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations WFL
Of autopsy _____

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?
_____ (Specify type of place)

While at work? _____ (e) Manner of injury _____

23. Signature W. D. Mc Gowan (M. D. or other) W. D.
Address 601 S. Brentwood
Date signed 1-14

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.