. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4522

FILED FEB 7 1944

Registration District No. 7 3 9 9 Primary Registration District No. 3069 Registrar's No. 289

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1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1195 No Simmons
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irena Wagner
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) — 8 (Day) — 1870 (Year)

8. AGE: Years 73 Months 7 Days 25 If less than one day hr. min.

9. Birthplace St Louis Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Martin Hosenfeldt
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Voelker
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant John Wagner
(b) Address Rt 1 Valley Park Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) - 7 (Day) - 1944 (Year)
(c) Place: burial or cremation St Peters Cem Kirkwood Mo
18. (a) Signature of funeral director Schraden Funeral Home
(b) Address Bellwin Mo.
19. (a) FEB 3 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1944 hour 12 minute 12 A.M.
21. I hereby certify that I attended the deceased from 1-2, 1944 to 2-2, 1944 that I last saw her alive on 2-2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas — Duration Years
Due to
Due to
Other conditions Cholecystitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations Cholecystitis and Ca of pancreas
Of autopsy 469

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C E Barnett (M. D. or other)
Address 243 W Jefferson Kirkwood Mo Date signed 2/7/44

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard P. Rowland

Licensed Embalmer No. 3114

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.