

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1528**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3335 Indiana Ave.
(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 St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3335 Indiana Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas G. Wagner
3. (b) If veteran, name war _____ **3. (c) Social Security** No. 494-07-1532

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 15 year 1944 hour 5:00 minute P.
21. I hereby certify that I attended the deceased from Dec. 26th, 1943 to Feb. 15th, 1944
 that I last saw him alive on Feb. 14th, 1944
 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** Married
6. (b) Name of husband or wife. Mary Wagner **6. (c) Age of husband or wife if alive** 35 years
7. Birth date of deceased. May 1898
(Month) (Day) (Year)

Immediate cause of death
Cancer of the Throat
(Carcinoma)
 Duration 2 Mo.

8. AGE: Years 45 Months 9 Days 8 If less than one day _____ hr. _____ min.

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

9. Birthplace. St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation. Guard 526 E. Catalian

Major findings:
 Of operations none
 Of autopsy no

11. Industry or business. Laclede Gas Co.
12. Name. John Wagner
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Maggie Seisel
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant. Mary Wagner
(b) Address. 3335 Indiana Ave.

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

17. (a) Cremation **(b) Date thereof.** Feb. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Missouri Crematory

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) (2) Means of injury

18. (a) Signature of funeral director. Therese Alderle
(b) Address. 3634 Gravois
19. (a) FEB 17 1944 **(b) Signature of Registrar.** J. F. Brueck
(Date received local registrar) (Registrar's signature)

23. Signature Dr. W. H. Walters **(M. D. or D. V. M.)** XXXXX
Address 3608 S. Grand Blvd. **Date signed** 2/17/44

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

MOTHER FATHER

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 Robert C. Wheeler

Licensed Embalmer No. 2128

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.