

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

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35897

12228

FILED APR 8 1944
Registration District No. 39

State File No. _____

Primary Registration District No. 6076

Registrar's No. 785

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mt. St. Rose Hospital
(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 96

(c) City or town Lemay 5
(If outside city or town limits, write "RURAL") 7

(d) Street No. 622 De Merville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME ANTON WAGNER

3. (b) If veteran, name war _____

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 Barbara Wagner

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 10 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace (here since 1912) Jugo Slavia
(City, town, or county) (State or foreign country)

10. Usual occupation Meat cutter

11. Industry or business _____

MOTHER FATHER

12. Name Unavailable

13. Birthplace " Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace " Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara Wagner—Wife

(b) Address 622 De Merville, Lemay, Missouri

17. (a) Burial (b) Date thereof 4-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cemetery.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) APR 1-1944 (b) E. J. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 24
1943, to March 30, 1944;
that I last saw him alive on March 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration 2 1/2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None 1361

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) _____
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)
(e) Means of injury _____

23. Signature John C. Murphy (M. D. or other) M. D.
Address 910 S. Broadway Date signed 3-30-44

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

Harry J. Schuyler

Licensed Embalmer No. *2679*

P. O. Address *732 Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.