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39
35697

FILED JUN 1944 **18**

1003

Registrar's No. **4805**

Registration District No. _____

Primary Registration District No. _____

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:
St. Johns 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 MO (b) County 000
(c) City or town St. Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. 3217 Blair Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Elisabeth Wagner

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Wagner 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 28 Th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 ----- 9 --- 26 - _____ hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Moss
13. Birthplace Germany _____
(City, town, or county) (State or foreign country)
14. Maiden name Anna Boehmer
15. Birthplace Germany _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Wagner
(b) Address 3217 Blair Ave 1944

17. (a) Burial (b) Date thereof May 27 Th
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14 Th Str

19. (a) MAY 25 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 3:15 minute P.M.
21. I hereby certify that I attended the deceased from May 5
1944, to May 23 1944
that I last saw her alive on May 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction 1 day
Due to Coronary Arteriosclerosis 4 days

Due to Hypertension 6 yrs
Other conditions (Include pregnancy within 3 months of death) _____
83

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature E. F. Wagner (M. D. or other) MD
Address 4557 Main Land Date signed 5/24/44

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

Howard G. Riva

Licensed Embalmer No.

P. O. Address

*2114
O'Leary*

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.