V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24632

FILED AUG 8 19[illegible]

Registration District No. [illegible] 16

Primary Registration District No. 3020

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days. (Specify whether
In this community 45 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 20[illegible] E. 4th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Albert V. Wagner.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cliffie E. Wagner.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February (Month) 17th, (Day) 1866 (Year)

8. AGE: Years 78 | Months 4 | Days 16 | If less than one day hr. min.

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

10. Usual occupation Retired mechanic.

11. Industry or business X

FATHER
12. Name Louis Wagner.
13. Birthplace St. Louis. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant Mrs. Ralph Steinecker
(b) Address Kirkwood, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 5, 1944. (Month) (Day) (Year)
(c) Place: [illegible]r cremation Valhalla Chapel, St. Louis, Mo.

18. (a) Signature of funeral director Kilburg & Gitt, Inc.
(b) Address Washington, Mo.

19. (a) 7/4/44 (Date received local registrar) (b) Lucille Reuther Brook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd,
year 1944 hour 8:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 22, 1944, to July 3 1944
that I last saw him alive on July 2
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 12 days

Due to Heart disease

Due to

Other conditions None to my knowledge
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

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) no
(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 R. R. Cuthey M. D. (M. D. or other)
Address Washington Mo. Date signed 7-3-44

1181 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 8-5-44

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~~

Lester H. Witt, Registered Apprentice No.

working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, N

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.