

FILED SEP 18 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wald
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL") 3
(d) Street No. 6833 Southwest
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert P. Wanner
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 Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased January 27, 1836
(Month) (Day) (Year)

8. AGE: Years 8 Months 7 Days 312 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business.....

12. Name Milton Wanner

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bauer

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Wanner

(b) Address 6833 Southwest

17. (a) Burial (b) Date thereof 9/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 9 1944 (b) J. W. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1944 hour 2:25 P.M. minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Itanum as a result of splinter in his foot about Aug 19 1944 at his home

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations.....

Of 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) Accident

(b) Date of occurrence 11th Aug 19 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Thomas F. Cellos (M.D. or other)

Address Deputy Coroner Date signed 9-8-44

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.....

Licensed Embalmer No. *1284*

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.