

S. No. 2
M-8-43
5-17-39
PI X27823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 39878

Registration District No. Primary Registration District No. Registrar's No. 10800

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6438 Vermont Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
life (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town city of St. Louis 171
(If outside city or town limits, write "RURAL")
(d) Street No. 6438 Vermont Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Clinton Robert Wagner

3. (b) If veteran, name war none 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..... years

7. Birth date of deceased July 8 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 9 hr. min.

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

10. Usual occupation welder

11. Industry or business.....

12. Name William A. Wagner, Jr.

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emma Saur

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

16. (a) Informant William A. Wagner, Jr.
(b) Address 6438 Vermont Avenue

17. (a) Cremation (b) Date thereof 12-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Southern Funeral Home
6322 So. Grand Blvd.
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1944 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death Delayed Labor Pneumonia
primary

Due to.....
Due to..... 108

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
While at work? (e) Means of injury 3
23. Signature Patrick E. Taylor (M. D. or other)
Address Reg. Sec. Date signed 12/21/44

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

OCT 21 1940

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
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.