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#53348
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **8044**
Registrar's No. **1726**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **St. Louis City Hospital- Max U. Starkloff**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2701 Lafayette**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **CAROL SUE WAGNER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 23 1945**

8. AGE: Years Months Days If less than one day
0 1 27 hr. min.

9. Birthplace **St. Louis, Missouri**

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Arthur D. Wagner**
13. Birthplace **Little Rock Ark.**
14. Maiden name **Dorothy Donahue**
15. Birthplace **Little Rock, Ark.**

16. (a) Informant **Mrs. Dorothy Wagner**
(b) Address **2701 Lafayette**

17. (a) **Burial** (b) Date thereof **2-21-46**
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden F.H. Inc.**
(b) Address **1936 St. Louis Ave.**

19. (a) **FEB 20 1946** (b) **J. F. Budeck**
(Date Registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th**
year **1946** hour **8:50** minute **A** M.

21. I hereby certify that I attended the deceased from **2/9/46**
to **2/20/46**
that I last saw h. **er** alive on **2/20/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diarrhea** Duration _____

Due to **Undertaken Cause**

Due to _____

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? _____
(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 **J. F. Budeck** 1515 Lafayette 2/20/46
Address _____ Date signed _____

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.