S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8045

FILED FEB 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1504

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether years, months or days)
In this community ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6416 Oakland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clyde W. Wagner

3. (b) If veteran, name war #1 No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Blanch Wagner

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 11, 1878. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	2	hr. min.

9. Birthplace Greene, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer - State Senator

11. Industry or business

MOTHER FATHER

12. Name John Wagner

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

14. Maiden name Dolly Powers

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanch Wagner

(b) Address 6416 Oakland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1946. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 13 1946 (Date received local registrar) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 9-25, 1945 to 2-13, 1946 that I last saw him alive on 2-13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lung	
Due to: Primary site - lung	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of liver	

Major findings:
Of operations none
Of autopsy none

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)

(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 Earl R. Rice (M. D. or other)

Address 6 11 Olive Street Date signed 2-13-46

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Linders

Licensed Embalmer No. 4275

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1504

On this 9th day of March, 1946, before me appears Blanch Wagner, who, upon her oath, states that the original record of birth/death for Clyde W. Wagner died Feb. 13, 1945, 19....., in the State of Missouri, and which was filed at St. Louis, Mo at that time, 19....., should be corrected as follows:

Item No. 3b should read World War # 1
Instead of No.

Item No. ..... should read Please have the informant Mrs. Blance Wagner
Instead of sign this affidavit.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Blanch Wagner wife
Relationship.

6416 Oakland - apt 208
Present Address.

Subscribed and sworn to before me this 9th day of March, 1946.

My Commission expires Feb 8th 1950 ..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

8045