

S. No. 2
DM-5-43
v. 5-17-39
I X36671

15287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 3611

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 St. Louis Mo.
(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:
3909 Kossuth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boon
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL") 10/7
(d) Street No. 3909 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Wagner
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 18
year 1946 hour 10:45 minute a M.
21. I hereby certify that I attended the deceased from 46
that I last saw h. er alive on Apr 15 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race M
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nicholas Wagner
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Exhaustion
Due to Hypertension and Semblity
Due to _____
Other conditions (include pregnancy within 3 months of death) 162
Major findings:
Of operations _____
Of autopsy _____

7. Birth date of deceased Feb. 18 1861
(Month) (Day) (Year)
8. AGE: 85 Years 2 Months 0 Days
If less than one day _____ hr. _____ min.

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

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. Bredek
Address 706 N. Grand Date signed 4/19/46

MOTHER FATHER
11. Industry or business _____
12. Name Michael Reilly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name unknown Kline
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Helen Watters
(b) Address 3909 Kossuth ave.
17. (a) Burial (b) Date thereof Apr 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
Stroct Carroll
18. (a) Signature of funeral director 4800 Natl. Bridge Ave.
(b) Address _____
19. (a) APR 19 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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 Bert E. Hoffmen

Licensed Embalmer No. 4366

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.