

FILED MAY 10 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3907

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:
4161 Lindell Blvd.
(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 75 years

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. 4161 Lindell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Geo. C. R. Wagoner,

3. (b) If veteran, name war no 3. (c) Social Security No. 498-12-4488

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced yes
6. (b) Name of husband or wife L. Wagoner, 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Sept. 3rd 1863
(Month) (Day) (Year)

8. AGE: Years Months Days It less than one day
82 7 24 hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business Pres't Wagoner Und. Co.

12. Name Henry Hoover Wagoner,

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

14. Maiden name Sophonra Z. Wilson,

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

16. (a) Informant George C. R. Wagoner,

(b) Address 4161 Lindell Blvd

17. (a) Burial (b) Date thereof 4/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) APP 30 1946 (b) J. F. Bredbeck
(Date recorded and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27
year 1946 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 17, 1946 to Apr 27, 1946
that I last saw him alive on Apr 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Hemorrhage

Due to Asphyxia

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

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) _____
(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 Asphyxia

23. Signature William D. ... (M. D. or other)
Address 5219 Osborn Date signed 4/27/46

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.

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *4161 Lindell*

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, above space should be left blank.