

FILED JUN 6 1948
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Registration District No. Primary Registration District No. 1003

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:
3212a Shenandoah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 77 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna 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 Widowed
6. (b) Name of husband or wife Emil Wagner
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 27, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Raymond Fisher

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

14. Maiden name Anna Schwartz

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

16. (a) Informant Mr. William Wagner

(b) Address 3212a Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director BEIDERWIEDEN FU. HOME, INC.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 24 1946 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

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. 3212a Shenandoah
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23rd
year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3/8/46
to 5/23 1946
What I last saw her alive on 5/23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of heart
Duration 1 min

Due to Chronic endocarditis 1 yr

Due to Chronic nephritis 1 yr

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?

While at work (Specify type of place) (e) Means of injury

Signature E. M. Surpless (M. D. or other) C. M. D.
Address 3739 Gravois Date signed 5/24/46

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.....

Delis J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.