

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19011**
Registrar's No. **4390**

FILED MAY 27 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 weeks**
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

HENRY WAGNER

3. (b) If veteran,
name war

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 **Elizabeth Wagner** 6. (c) Age of husband or wife if
alive **65** years
7. Birth date of deceased **Sept. 2, 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **8** **12** hr. min.

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

10. Usual occupation **Maintenance man**

11. Industry or business

12. Name **Andrew Wagner**
13. Birthplace **not known Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **not known**
15. Birthplace **not known Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Wagner**
(b) Address **4653 Tyrolean**
17. (a) **burial** (b) Date thereof **5/17/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Paul Chyd.**

18. (a) Signature of funeral director **J L Ziegenhein & Sons**
(b) Address **2027 Gravois**

19. (a) **MAY 15 1946** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4653 Tyrolean**
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th**
year **1946** hour **9:40** minute **A** M.
21. I hereby certify that I attended the deceased from **3/12/46**
19 to **4/14/46**
that I last saw him alive on **4/14/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral & Liver**
Duration **4 mos**

Due to **1/2 H**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Denial**
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)
(c) Means of injury
23. Signature **Herbert C. Sweet** (MAY 14 1946)
Address **1515 Lafayette** Date signed

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14th

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.