

S. No. 2  
M-5-43  
5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11650

FILED MAR 31 1947

State File No. ....

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2365**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Luthern Hospital** **0**  
(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 \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary 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 **Anthony** 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased **Anthony May 28 - 1876**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Work**

11. Industry or business **At Home**

12. Name **Thels**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ruth**

(b) Address **2401 Telegraph Rd.**

17. (a) **Iowa** (b) Date thereof **3/16/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dubuque Iowa**

18. (a) Signature of funeral director **Fendler Und Co**

(b) Address **7420 Michigan ave**

19. (a) **MAD 10 1947** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_

(c) City or town **LeMay**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2401 Telegraph Rd**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**  
year **1947** hour **2** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Mar 12**, 1947, to **Mar 16**, 1947;  
that I last saw her alive on **Mar 15**, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**

Due to **Hypertension**

Due to **8303**

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 \_\_\_\_\_

23. Signature **Bert W. Klein** (M. D. or other) **MD**

Address **2632 S. Humphreys** Date signed **3/16/47**

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0  
NR 2  
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PHYSICIAN  
Underline the cause to which death should be charged statistically.

29865

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**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 *Oliver E. Fendall*.....

Licensed Embalmer No. 4148.....

P. O. Address LeMay 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.**