No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36364

Primary Registration District No. 1003

Registrar's No. 9231

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: Little Flower Retreat 2500So.18th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4yrs. (Specify whether years, months or days)

In this community: Unknown

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.: Little Flower Retreat 2500 So.18th. (If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: WAGNER, Frances A.

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: Theodore

6. (c) Age of husband or wife if alive: Decsd years

7. Birth date of deceased: July (Month) 17 (Day) 1860 (Year)

8. AGE: Years: 87 | Months: 2 | Days: 20 | If less than one day: @@@@ hr. @@@@ min.

9. Birthplace: Washington, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: At home.

11. Industry or business:

FATHER 12. Name: P.M. Dienhart

FATHER 13. Birthplace: Alsace Lorraine (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Frances Pfiffner

MOTHER 15. Birthplace: St. Good Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant: Francis J. Wagner

(b) Address: 5835 Nottingham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation: SS Peter & Paul Cem.

18. (a) Signature of funeral director: J.L. Ziegenhein&Sons

(b) Address: 7027-Gravois St. Louis 16.

19. (a) OCT 8 1947 (Date received local registrar) (b) J.F. Broaddus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 7 th. year: 1947 hour: 4 minute: 20 P.M.

21. I hereby certify that I attended the deceased from 6/16 1946 to 10/7 1947 that I last saw him alive on 10/7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
apoplexy	1 day
Due to: Hypertension	
Due to: senility	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(b) Date of occurrence: no

(c) Where did injury occur?: no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?: (e) Means of injury: 0

23. Signature: Preston C. Noell (M. D. or other)

Address: 3902a Lafayette Date signed: 10/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 7027 Gravois

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.