S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36495

Registration District No. 317 Primary Registration District No. 3063 Registrar's 2279

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution One day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Florrissant 10
(If outside city or town limits, write "RURAL")
(d) Street No. 150 Washington Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Charles Wagner
3. (b) If veteran, name war No
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 Sophia Wagner
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 28 (Day) 1882 ~~1879~~ (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	29	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Terra Cotta Worker
11. Industry or business
FATHER
12. Name Edward Wagner
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Sophia Wagner
(b) Address 150 Washington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Conrordia Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 10-30-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1947 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from 9/12/44, 19..., to 10/23, 1947 that I last saw him alive on 10/23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	1 day
Due to: Cardio-Vascular Disease, Chronic	6 yrs
Due to: Arteriosclerosis, General	6 yrs +
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature [signature] (M. D. or other) MD
Address 601 S. Brentwood Clayton, 5, Mo. Date signed 10/29/47

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.....H E Burgess.....

Licensed Embalmer No.....40.29.....

P. O. Address.....

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.