S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36721

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2239

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Ballwin, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Highway #50 / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 68 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Ballwin, (If outside city or town limits, write "RURAL") 0
(d) Street No. Highway #50. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Amelia M. Wagner,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 4, (Day) 1879 (Year)

8. AGE: Years 68 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Ballwin, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home,
11. Industry or business At home;
FATHER
12. Name Louis Wagner,
13. Birthplace Ballwin, (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Mary Grob,
15. Birthplace St. Louis, Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Katherine Wagner,
(b) Address Ballwin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Ellisville, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 10-31-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29, year 1947 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from Oct 20, 1947 to Oct 29, 1947 that I last saw her alive on Oct 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Chronic Myocarditis
Due to 93
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) 0
While at work? (e) Means of injury
23. Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Oct 29 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 18 1963

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.