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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40289

State File No. \_\_\_\_\_

Registrar's No. 10424

Registration District No. 318 Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6236 Oakland Ave.  
(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)

3. (a) PRINT FULL NAME Mary J. 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 Widowed

6. (b) Name of husband or wife C. J. S. Wagner. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr. 13, 1871.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 28 hr. min.

9. Birthplace Wittenberg Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name James Dryden.  
Kentucky.

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Greenwell.

15. Birthplace Wittenberg MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. ...

(b) Address 6236 Oakland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1947.  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director J. J. ...

(b) Address 1389 Union Bldg.

19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6236 Oakland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11.  
year 1947. hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from SEPT. 10<sup>TH</sup>  
1945 19. to Nov. 11, 1947  
that I last saw her alive on Nov. 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE  
C. H. SIDED HEMIPLEGIA Duration 4 HRS

Due to ARTERIO-SCLEROSIS Many years

Due to SENILITY

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. H. Cunningham (M. D. or other) \_\_\_\_\_  
Address 4447 N. ... Date signed 11/11/47

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.....

*Ronald Yabuki*

Licensed Embalmer No. 3917

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.**