. S. No. 2
0M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14749

Registrar's No. 3342

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2631 Utah Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WAGNER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Wagner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 30-1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

MOTHER FATHER
12. Name Fred Wagner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Ernst
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Concepta
(b) Address Sister of St. Mary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul
18. (a) Signature of funeral director Mordell Undertaking Co.
(b) Address 1926 Allen Avenue
19. (a) APR 7 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 28, 1948, to April 5, 1948, that I last saw him alive on April 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — Duration approx 4 months
Due to
Due to
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 G. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Blvd. Date signed 4/6/48

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 _____ Me _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.