FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 18119

Registrar's No. 4878

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: 4479 FINNY AV.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4479A FINNY AV.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OLEY WAGNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 12 (Day) 1899 (Year)

8. AGE: Years 69 Months 3 Days 11 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name JAMES WAGNOR

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

14. Maiden name FANNIE TAMMONS

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

16. (a) Informant MRS ESTELLA SHEFFIELD

(b) Address 4479 FINNEY AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD CEM

18. (a) Signature of funeral director A.F. WALTON

(b) Address 2707 STODARD ST.

19. (a) MAY 28 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23 year 1948 hour 1:57 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Intestinal Obstruction; CONTRIB: Strangulated left inguinal hernia.	
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? By means of injury

23. Signature (M. D. or other)

Address Date signed 5/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Heilhard

Licensed Embalmer No. 4221

P. O. Address 4049 Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.