FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24810

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6140

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 1314 Hebert Str.
(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 Mo (b) County 099 17
(c) City or town St. Louis, Mo 9
(If outside city or town limits, write "RURAL")
(d) Street No. 21 1314 Hebert Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie Wagner
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Clarance Wagner
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Mar (Month) 19 (Day) 1882 (Year)
8. AGE: Years 66 Months 3 Days 21 If less than one day hr. min.
9. Birthplace Campbell Co. (City, town, or county) Kentucky 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Oswald Gillaspie
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Martha Perry
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clarance Wagner
(b) Address 1314 Hebert Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 13 48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem
18. (a) Signature of funeral director Edw Koch + Son
(b) Address 3516 N. 14th
19. (a) JUL 19 1948 (Date received by registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year hour 1 minute A M.

21. I hereby certify that I attended the deceased from Aug. 26 19 47 to July 10 19 48 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis.	5 yrs
Due to Chronic Glomerulo nephritis	5 yrs
Due to	
Other conditions Acute Gastroenteritis (Include pregnancy within 3 months of death)	2 wks

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 L. C. Creamer (M. D. or other) 240
Address 2634 N. 14th St. Date signed 7-10-48

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.....

Licensed Embalmer No. 4053

P. O. Address St Louis

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.