

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
812 DeSoto Ave.
(d) Length of stay: In hospital or institution **None**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **812 DeSoto Ave**
(e) Citizen of foreign country? _____
If yes, name country _____

3: (a) PRINT FULL NAME **Joseph J. Wagner**
3. (b) If veteran, name war **None** 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Stella Wagner nee Boughan** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **July 10, 1877**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **12th** year **1948** hour **3:15 PM** minute _____ M.
21. I hereby certify that I attended the deceased from **Oct. 29/48** to **Dec. 12/48** that I last saw him alive on **Dec. 12/48** and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **5** Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death **Cardia c Insufficiency** Duration **2 days**
Due to **Chronic Hypertension Sclerosis** Years _____
Chronic Interstitial Nephritis Years _____
Due to **Chronic Myocarditis** Years _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace **Unknown Indiana**
10. Usual occupation **Retired**
11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Leonard J. Wagner**
(b) Address **608 S. Dearborn St. Chicago, Ills.**
17. (a) **Burial** (b) Date thereof **12/15/48**
(c) Place: burial or cremation **Bellefontaine Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son, Inc.**
(b) Address **2161 East Fair Ave**
19. (a) **DEC 14 1948** (b) **J. B. Lander**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(c) Means of injury **Ⓢ**
23. Signature **J. J. Marder** (M. D. or other) _____
Address **3155 N. Vandeventer Ave.** Date signed **12-14-48**

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 *William G. Burkholz*

Licensed Embalmer No. *2118*

P. O. Address *St. Louis 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.