

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. **6785**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1030**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION: **Christian Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 d. STREET ADDRESS (If rural, give location) **2203 Miami**

3. NAME OF DECEASED
 a. (First) **William** b. (Middle) **U.** c. (Last) **Wagner**
 4. DATE OF DEATH (Month) (Day) (Year) **1 31 1949**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **May 21, 1908** **9. AGE (In years last birthday)** **40**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mechanic**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **William W. Wagner** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Yondale Wagner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **493-10-5411** **17. INFORMANT'S SIGNATURE OR NAME** **Yondale Wagner, 2203 Miami** **ADDRESS** _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CHRONIC MYELOGENOUS LEUKEMIA**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **May 18, 1949** **to** **June 31, 1949** **that I last saw the deceased alive on** **June 31, 1949** **and that death occurred at** **7:30 P.M.** **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **John G. M. James M.D.** **23b. ADDRESS** **5014 Thekla Dr** **23c. DATE SIGNED** **Feb 2, 49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **2-3-49** **24c. NAME OF CEMETERY OR CREMATORY** **Oak Grove Cemetery** **24d. LOCATION (City, town, or county) (State)** **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **FEB 2 1949** **REGISTRAR'S SIGNATURE** **J. B. Lassiter** **25. FUNERAL DIRECTOR'S SIGNATURE** **Albert H. Hoppe** **ADDRESS** **4700 Washington Blvd.**

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 Me

Student Embalmer No. _____

working under my personal supervision.

Signed Elton R. Remelius

Signed _____
Student Embalmer

Licensed Embalmer No. 4283

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.