

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18034**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **926**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY McDonough 299	
b. CITY OR TOWN Overland / c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Colchester 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10515 Mortimer Lane		d. STREET ADDRESS (If rural, give location) 02	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Louis c. (Last) Wagle		4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1883
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown 9
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Archie Wagle		13b. MOTHER'S MAIDEN NAME Mary Alice Boothe	14. NAME OF HUSBAND, OR WIFE Mary E. Wagle
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. 333-09-5586	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Georgia Warnhoff, 10515 Mortimer
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive gastric hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) 46 yr II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X	
18. INTERVAL BETWEEN ONSET AND DEATH 24 hrs			
19a. DATE OF OPERATION 1 1/2 yrs ago		19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January, 1949 , to April 18, 1949 , that I last saw the deceased alive on April 15, 1949 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter C. Gray M.D.		23b. ADDRESS St. Louis 3709 Brown Road Co. 14 Mo	
23c. DATE SIGNED 4/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-19-49	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Colchester, Ill.	
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Thurmond L. Jennings	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

MAY 31 1948

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clement McNeary

Signed _____
Student Embalmer

Licensed Embalmer No. 3732

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.