

FILED SEP 26 1949

## STANDARD CERTIFICATE OF DEATH

28946  
State File No. 2066

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2066			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>none</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		000 19			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINECREST NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>2908 UNIVERSITY ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>O</u>		c. (Last) <u>WAGNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 27 '49</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>29 Nov. 1869</u>		9. AGE (In years last birthday) <u>79</u> Months <u>8</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING</u>		11. BIRTHPLACE (State or foreign country) <u>ALTENBURG MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>GUSTAVE A. WAGNER</u>			13b. MOTHER'S MAIDEN NAME <u>THERESA TALISH</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Wagner, St. Louis, Mo</u>				ADDRESS <u>Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Minute) 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 <u>Aug 20, 1949</u> , to <u>Aug 27, 1949</u> , that I last saw the deceased alive on <u>Aug 27, 1949</u> , and that death occurred at <u>5:15 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Merkley M.D.</u>				(Degree or title)		23b. ADDRESS <u>3507 Poloma</u>		23c. DATE SIGNED <u>8-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>Robert C. Hord</u>			25. FUNERAL HOME OR SERVICE, INC. <u>4104 Manchester Ave. ST. LOUIS MO</u>				

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Howard F. Rowland*

Licensed Embalmer No. *3114*

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.