

FILED JUN 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22266

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 1479	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis, Co.		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		d. STREET ADDRESS (If rural, give location) 1030 Leona, Ave.	
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) E		c. (Last) WAGNER	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 27 1903		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) St. Louis MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Wagner		13b. MOTHER'S MAIDEN NAME Martha Koch		14. NAME OF HUSBAND OR WIFE Fern Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702 05 0843		17. INFORMANT'S SIGNATURE OR NAME Fern Wagner		ADDRESS 1030 Leona Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH 2 days	
				ANTECEDENT CAUSES			
				II. OTHER SIGNIFICANT CONDITIONS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X		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) (Min.)		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 6-12, 1950 , to 6-13, 1950 , that I last saw the deceased alive on 6-13, 1950 , and that death occurred at 6:15 A.M. from the causes and on the date stated above.							
23a. SIGNATURE Daniel O. Fisher M.D.		(Degree or title)		23b. ADDRESS 634 N. Grand St. Louis		23c. DATE SIGNED 6-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/15/50		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE JUN 14 1950		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. Clark		ADDRESS 1125 Hodiament, Ave	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Virgil O Fish
Mo. Theatre Bldg.
1-330 P.M.

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 Alfred J. Bredeke

Licensed Embalmer No. ~~425~~ 260

P. O. Address 1125 Hodiaman

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.