

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25491

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1728		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>CO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WET-STEY GROVES 46<sup>th</sup></u>		b. COUNTY <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>907 N. ELM</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle)		c. (Last) <u>Wagner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-50</u>	
5. SEX <u>M. Y</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER Y</u>	8. DATE OF BIRTH <u>2/18/1890</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>		11. BIRTHPLACE (State or foreign country) <u>Glencoe MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>SAMUEL WAGNER</u>			13b. MOTHER'S MAIDEN NAME <u>ESTER WHITE</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>HEYMAN WAGNER</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Thyroid</u>					INTERVAL BETWEEN ONSET AND DEATH <u>144X</u>	
		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. <u>Lymph node metastases - generalized</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>194X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>7-5</u> , 19 <u>50</u> , to <u>7-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>50</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. H. Cable, M.D.</u>				23b. ADDRESS <u>601 So. Brentwood, St. Louis</u>		23c. DATE SIGNED <u>7-15-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dixon</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>			
DATE REC'D BY LOCAL REG. <u>7-17-50</u>		REGISTRAR'S SIGNATURE <u>Herbert H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Duvoix</u>				ADDRESS

(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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *A. P. Richardson* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2928* .....

P. O. Address *2625 Glasgow ave* .....

**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.