

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39141  
State File No. 10058

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)  
ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township)  
ST. LOUIS 2169

d. FULL NAME OF HOSPITAL OR INSTITUTION  
3630 ARSENAL  
e. STREET ADDRESS (If rural, give location)  
3630 ARSENAL

3. NAME OF DECEASED  
a. (First) John b. (Middle) P. c. (Last) WAGNER  
4. DATE OF DEATH (Month) (Day) (Year)  
NOV-24-50

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) M. 8. DATE OF BIRTH  
NOV-3-1874 9. AGE (In years last birthday) (Specify) 76 YRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Nil 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country)  
HUXENBERG 12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME JACOB WAGNER 13b. MOTHER'S MAIDEN NAME ELIZABETH KASEL 14. NAME OF HUSBAND OR WIFE  
GLADYS WAGNER

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  
Mrs Gladys Wagner ADDRESS  
3630 Arsenal

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
INTERVAL BETWEEN ONSET AND DEATH  
Sudden  
ANTECEDENT CAUSES  
DUE TO (b) Cholesterol 390  
DUE TO (c) General Arteriosclerosis 640  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing 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) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?  
422J

22. I hereby certify that I attended the deceased from July, 1947, to 11/24, 1950; that I last saw the deceased alive on 11/24, 1950, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS  
5203 Chappin 23c. DATE SIGNED  
11/24/50

24a. BURIAL CEMETERY (Name and address) 2401 RIVINGTON 24b. DATE  
NOV-27-50 24c. NAME OF CEMETERY OR CREMATORY  
CALVARY Cem. 24d. LOCATION (City, town, or county) (State)  
St. Louis Mo.

DATE REC'D BY LOCAL REG. NOV 27 1950 REGISTRAR'S SIGNATURE  
J. B. Lassiter 25. FUNERAL DIRECTOR'S SIGNATURE  
E. J. Schner ADDRESS  
3125 Lafayette Dr.

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

1950  
DEC 8

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 \_\_\_\_\_

*Joe B. Hollman*

Licensed Embalmer No. *11014*

Signed.....  
Student Embalmer

P. O. Address *3125 Lafayette*

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.