

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28824

State File No. _____

7154

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

136-9

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

1. PLACE OF DEATH a. COUNTY <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3745 SO. SPRING AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3745 South Spring</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>B</u>	
c. (Last) <u>Wager</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>NOV. 24, 1858</u>
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LOUISVILLE, KENTUCKY</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>THOMAS J. MONROE</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH</u>		14. NAME OF HUSBAND OR WIFE <u>MICHAEL WAGER</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN WINKLER</u>		ADDRESS <u>3745 SO. SPRING</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>		<u>unknown</u>	
DUE TO (c) <u>SENILITY</u>		<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u> <u>ARTERIOSCLEROTIC HEART DISEASE</u> <u>WITH FIBRILLATION</u>		<u>unknown</u>	
19a. DATE OF OPERATION <u>6-25-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>PT fractured hip 6-23-51. PINNED 6-25-51 Post operative course good</u>	
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) <u>St. Louis Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>fall from ladder</u>		22. I hereby certify that I attended the deceased from <u>June 23, 1951</u> , to <u>Aug 9, 1951</u> , that I last saw the deceased alive on <u>Aug 9, 1951</u> , and that death occurred at <u>6:57 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph V. Finney M.D.</u>		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>8-10-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>AUG. 13-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>REIDENWIEN F.H. INC</u>	
25. ADDRESS <u>1936 ST. LOUIS AVE</u>		DATE REC'D BY LOCAL REG. <u>AUG 11 1951</u>	
REGISTRAR'S SIGNATURE <u>J. Earl Smith - Jr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>REIDENWIEN F.H. INC</u>	
ADDRESS <u>1936 ST. LOUIS AVE</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>REIDENWIEN F.H. INC</u>	
ADDRESS <u>1936 ST. LOUIS AVE</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>REIDENWIEN F.H. INC</u>	

as per Dr. Perry.

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 _____

Delis J. Krupin

Licensed Embalmer No. _____

3497

P. O. Address _____

1936 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.