

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12664**

No. 300
10-48
LED-APR 3 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **811**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. CITY (If outside corporate limits, write RURAL and give township) Jennings 413 8	
c. LENGTH OF STAY (in this place) 2-Years		d. STREET ADDRESS 2520 McLaren Ave Elms Convalescent Home	
d. FULL NAME OF (If in hospital or institution) 2520 McLaren Ave Elms Convalescent Home		d. STREET ADDRESS 2520 McLaren Ave Elms Convalescent Home	

3. NAME OF DECEASED a. (First) BARBARA b. (Middle) _____ c. (Last) WAGNER			4. DATE OF DEATH March -14-53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Jan. 16, 1871		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Days 1 Hours 26 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Louis Aaron		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Wagner	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME H.A. Wagner-Tucson, Arizona	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension					
		DUE TO (c) Generalized Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **March 11, 1953**, to **March 14, 1953**, that I last saw the deceased alive on **March 14, 1953**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Double, M.D. (Degree or title)		23b. ADDRESS 2000 South Broadway, St. Louis		23c. DATE SIGNED 3-14-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
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DATE REC'D BY LOCAL REG. 3-15-53		REGISTRAR'S SIGNATURE Herbert R. Double - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

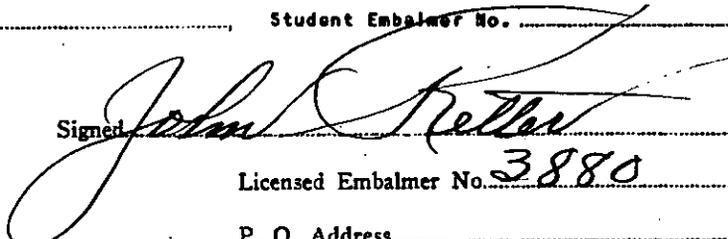
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Licensed Embalmer No. 3880

P. O. Address _____

Student
Student Embalmer

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.