

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20010

State File No.

5102

FILED JUN 4 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		a. STATE Missouri, b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4620 Louisiana Ave.,		d. STREET ADDRESS (If rural, give location) 2159 4620 Louisiana Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) August		b. (Middle)		c. (Last) Wagner,		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1953	
5. SEX Male,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2		8. DATE OF BIRTH May 7, 1865	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Man,		10b. KIND OF BUSINESS OR INDUSTRY Retired 12 years,		11. BIRTHPLACE (State or foreign country) Biehle, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dont Know,		13b. MOTHER'S MAIDEN NAME Dont Know,		14. NAME OF HUSBAND OR WIFE Wilhelmina Wagner,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-20-2218		17. INFORMANT'S SIGNATURE OR NAME Miss Mary Wagner, 4620 Louisiana Ave.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
				DUE TO (c)	

19a. DATE OF OPERATION 6/5/53, 3/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder		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)		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 Feb 1947, to May 20, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above. 181X

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title)		23b. ADDRESS 539 N. Grand Ave.		23c. DATE SIGNED 5/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 5/22/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
				24d. LOCATION (City, town, or county) St. Louis County, Missouri, (State)	

DATE RECD BY LOCAL MAY 21 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe B. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.