

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34543

State File No. ....

 FILED OCT 27 1953  
 BIRTH NO. 57488 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2281

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2039</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3915 Jamieson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Jo</u> c. (Last) <u>Wagner</u>					
4. DATE OF DEATH <u>8 18 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>8-8-1953</u>		9. AGE (In years last birthday) <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elmer C Wagner</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Wagner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Wagner</u> ADDRESS <u>3915 Jamieson, St Louis, Mo</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infection</u> DUE TO (c) <u>Congenital alveolar membranes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7562</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>9 days</u> <u>9 days</u>	
19a. DATE OF OPERATION <u>8-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Esophageal Atresia AND Tracheo-Esophageal Fistula</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)		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>8-10-53, 1953, to 8-18, 1953</u> , that I last saw the deceased alive on <u>8-18, 1953</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James Eugene Lewis, M.D.</u>				23b. ADDRESS <u>1325 South Grand Blvd.</u>		23c. DATE SIGNED <u>8-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary</u>					

Licensed Embalmer's Statement on Reverse Side 6464 Chippewa St. Louis Mo

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

*In. Name: Eugene Lewis  
F. H. Davis*

**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 *Lewis C. Hoffmeyer*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.