

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34544**

FILED OCT 2 - 1953

BIRTH NO. **39970** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2860**

|  |                            |  |                                       |   |                     |   |   |
|--|----------------------------|--|---------------------------------------|---|---------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                            |  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>2057</b> |                     |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>   |                            |  |                                       | c. CITY OR TOWN <b>St. Louis</b>  |                     | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. LENGTH OF STAY (In this place) <b>17-days</b>   |                            |  |                                       | e. STREET ADDRESS (If rural, give location) <b>5301 Page Blvd.</b>  |                     |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>   |                            |  |                                       |   |                     |   |   |
| 3. NAME OF DECEASED (Type or Print)  |                            | a. (First) <b>Paul</b>   |                                       | b. (Middle) <b>Edward</b>   |                     | c. (Last) <b>Wagner</b>   |   |
| 4. DATE OF DEATH   |                            | (Month) <b>Sept.</b> (Day) <b>16,</b> (Year) <b>1953</b>   |                                       |   |                     |   |   |
| 5. SEX <b>M.</b>   | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>   | 8. DATE OF BIRTH <b>June 13, 1953</b> | 9. AGE (In years last birthday) <b>0</b>  | 10. MONTHS <b>3</b> | 11. DAYS <b>3</b>   | 12. IF UNDER 1 YRS. Hours <b>3</b> Mins. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>   |                            | 10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>  |                                       | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>  |                     | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>  |   |
| 13a. FATHER'S NAME <b>Unknown</b>  |                            | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |                                       | 14. NAME OF HUSBAND OR WIFE <b>NONE</b>   |                     |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |                            | 16. SOCIAL SECURITY NO. <b>none</b>  |                                       | 17. INFORMANT'S SIGNATURE OR NAME <b>Sister Clementine</b> ADDRESS <b>5301 Page Blvd.</b>   |                     |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tubercular Pneumonia</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                       |   |                     | INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>  |   |
| 19a. DATE OF OPERATION   |                            | 19b. MAJOR FINDINGS OF OPERATION <b>525X</b>   |                                       |   |                     | 20. AUTOPSY? YES <input 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) m.   |                            | 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 <b>Aug. 17, 1953</b> , to <b>Sept. 16, 1953</b> , that I last saw the deceased alive on <b>Sept. 16, 1953</b> , and that death occurred at <b>12 1/2 m.</b> , from the causes and on the date stated above. |                            |  |                                       |   |                     |   |   |
| 23a. SIGNATURE <b>P. B. Davis</b> (Degree or title) <b>M.D.</b>  |                            |  |                                       | 23b. ADDRESS <b>Massouri Throat Bldg.</b>   |                     | 23c. DATE SIGNED <b>9-18-53</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |                            | 24b. DATE <b>Sept. 18, 1953</b>  |                                       | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>  |                     | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |   |
| DATE REC'D BY LOCAL REG. <b>9/18/53</b>  |                            | REGISTRAR'S SIGNATURE <b>Herbert B. Davis</b>  |                                       | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Donnelly</b>  |                     | ADDRESS <b>3840 Lindell Blvd.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

*Not embalmed*

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.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.