

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6936**FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1690**

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|---|--|--|---|---|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 9 Days | | c. CITY OR TOWN St. Louis | | 4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | | e. STREET ADDRESS (If rural, give location) 4247a Red Bud Ave. 21090 | | | | | |
| 3. NAME OF DECEASED (Type or Print) Carrie | | | a. (First) | | b. (Middle) | | c. (Last) Wagner | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1954 | | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | |
| 8. DATE OF BIRTH Oct. 16, 1872 | | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Charles Wagner | | | 13b. MOTHER'S MAIDEN NAME Johanna Mollering | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Harry L. Wagner, 7473 Washington Ave | | | |
| 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) Atherosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) (Min.) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? 4200 | | | |
| 22. I hereby certify that I attended the deceased from 7-23, 1950 , to 7-21, 1954 , that I last saw the deceased alive on 7-21, 1954 , and that death occurred at 2:20 P.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | | | 23b. ADDRESS 4110 W. Fairmount | | 23c. DATE SIGNED 7-22-54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | 24b. DATE 2-24-1954 | | 24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. FEB 23 1954 | | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. 2161 E. Fair Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed *Chas W. Noy*

Licensed Embalmer No. *372*
P. O. Address *J. Lewis*

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.