

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

32303  
State File No. 7911  
Registrar's No.

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>7911</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN Bros. Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>15 4740 NEWPORT</b>			
3. NAME OF DECEASED (Type or Print) <b>FRANK WAGENBLAST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 26 1954</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN. 25 1876</b>	
9. AGE (In years last birthday) <b>78</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>JOSEPH WAGENBLAST</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE SPECHT</b>		14. NAME OF HUSBAND OR WIFE <b>KATE WAGENBLAST</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-9864</b>		17. INFORMANT'S SIGNATURE OR NAME <b>KATE WAGENBLAST</b> ADDRESS <b>4740 NEWPORT</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sen. Arteriosclerosis</b> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>Yes</b> <b>Yes</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <b>St. Louis, Mo</b>			
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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>Aug. 15, 1954</b> , to <b>Aug. 26, 1954</b> , that I last saw the deceased alive on <b>Aug. 25, 1954</b> , and that death occurred at <b>5 A. M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>A. Mezera M.D.</b> (Degree or title)				23b. ADDRESS <b>A. MEZERA, M.D. 539 NO. GRAND</b>		23c. DATE SIGNED <b>8/26/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>AUG. 28 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
DATE RECD BY LOCAL REG. <b>AUG 26 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutia</b> ADDRESS <b>2906 Grand</b>			

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

Je 39284  
Huron - 3 to 5 p m  
Ipswich - 3 to 6 p m  
North 5<sup>30</sup> a m

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 *Samuel C. Dill*

Licensed Embalmer No. *434*

P. O. Address *2501*

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.