

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15411

STATE FILE NUMBER

4108

FILED MAY 10 1957

318

Registration District No. Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Athens</b> <b>§ 208</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>De Paul Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>32</b>
3. NAME OF DECEASED (Type or print) First <b>Wesley</b> Middle <b>Ralph</b> Last <b>Wagner</b>		4. DATE OF DEATH Month <b>April</b> Day <b>26</b> Year <b>1957</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 5, 1928</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>auto dealer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (City and state or country) <b>Lively Grove, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13. FATHER'S NAME <b>Elmer Wagner</b>	14. MOTHER'S MAIDEN NAME <b>Frieda Guemger</b>
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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>357-28-6509</b>	17. INFORMANT <b>Mrs. Wilda A. Wagner</b>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hodgkins Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Jan 1 1956</b> <b>deaf April 26 1957</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) <b>201X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <b>Aug 756. April 26 1957</b> and last saw her/him alive on <b>April 25 1957</b> Death occurred at <b>3:46 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>F. R. Tunney M.D.</b> (Degree or title)	22b. ADDRESS <b>539 n. grand St. Louis 3</b>	22c. DATE SIGNED <b>April 26 1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>4-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>New Athens, Ill.</b>
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24. FUNERAL DIRECTOR <b>Stokey, New Athens, Ill.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>APR 30 '57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> <b>mjb</b>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J E Morris* .....

Licensed Embalmer No. *33*

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.