

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

38287

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9908

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>E. St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1810 College</u>	
3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>DEWEY</u> Last <u>WAGNER</u>		4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 27, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Treating Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moss Tie Company</u>	9. AGE (In years last birthday) <u>60</u>
11. BIRTHPLACE (City and state or country) <u>Danville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Harris Wagner</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Ann Cole</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. #1</u>		17. INFORMANT Address <u>Mrs. Lucy Wagner, 1810 College, E. St. Louis, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>
DUE TO (b) <u>ARTERIOSCLEROSIS</u>			FEW YEARS
DUE TO (c) <u>420-1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHITIS 3 WKS MASSIVE EXOGENOUS OBESITY MANY YEARS</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <u>OCT. 17, 1957</u> to <u>OCT. 21, 1957</u> and last saw ^{her} / _{him} alive on <u>OCT. 21, 1957</u> Death occurred at <u>6:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. J. Vermillion, M.D.</u>		22b. ADDRESS <u>St. Louis, Missouri</u>	
		22c. DATE SIGNED <u>10-22-57</u>	
23a. BURIAL, CREMATION, REPO. AL (Specify) <u>Buried</u>		23b. DATE <u>10-25-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Danville Missouri</u>	
24. FUNERAL DIRECTOR <u>C. J. Vermillion</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 23 57</u>	
ADDRESS <u>St. Louis, Ill</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u>	

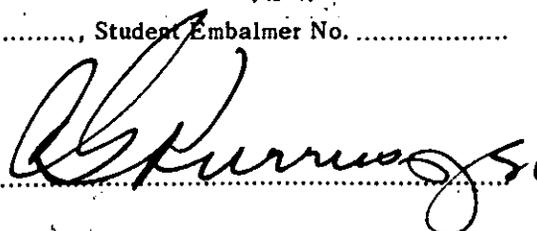
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3162

P. O. Address ... E. St. Louis, Ill

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.