

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016577

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's **4234**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros Hoep.		Length of stay in 1b 2 days	
3. NAME OF DECEASED (Type or print) First Fred Middle P Last Wagner		4. DATE OF DEATH Month April Day 16 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1885
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Sprinkler Fitter	
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Philip Wagner		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 494-07-3314	
17. INFORMANT Bessie Wagner		Address 4096 Quincy	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiated Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) asphyxiation of airway DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 022x			INTERVAL BETWEEN ONSET AND DEATH 2 days
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.) None	
20c. TIME OF INJURY Hour a. m. p. m. None		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 14, 1958 to April 16, 1958 and last saw her/him alive on April 16, 1958 Death occurred at 10:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Ziegenhein		22b. ADDRESS 30. S. Schott St. 334	
22c. DATE SIGNED 4-17-58		23a. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
23b. LOCATION (City, town, or county) (State) St. Louis Mo		23c. DATE RECD BY LOCAL REG. APR 18 58	
24. FUNERAL DIRECTOR J. L. Ziegenhein & Sons		26. REGISTRAR'S SIGNATURE Carl Smith	
24. ADDRESS 7027 Gravois		26. (State)	

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.....
Donald E. Benji

Licensed Embalmer No.

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.