

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007900

STATE FILE NUMBER

LED FEB 24 1959

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

467

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood 22, 4631</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp-</u>		d. STREET ADDRESS <u>520 E. Essex Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>E.</u> Last <u>WAGNER</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>15</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Nov. 17, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clergyman</u>		11. BIRTHPLACE (City and state or country) <u>Kendalville, Ind.</u>	
13a. FATHER'S NAME <u>Louis Wagner</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha A. Wagner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493 07 2150</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>Ruptured Abdominal Aneurysm</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>451X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u> Years _____ 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>7-9-48</u> <u>2-15-59</u> <u>2-15-59</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>9:25 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John C. Murphy, M.D.</u>	
22b. ADDRESS <u>204 E. Big Bend</u>		22c. DATE SIGNED <u>2-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 18, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Alton 23, Missouri</u>	
24. FUNERAL DIRECTOR <u>Pfizinger Mort-Kirkwood 22, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-59</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Burt E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis Mo.

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.