

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 12 1959

59-038183

Registration District No. Primary Registration District No. Registrar's No. 2 9767 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4669 PRIMM</u>		d. STREET ADDRESS (If outside, give location) <u>4669 PRIMM</u>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>WAGNER</u> Last <u>WAGNER</u>			4. DATE OF DEATH <u>OCT. 22 1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 1 1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state of country) <u>ST. LOUIS Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A.</u>	
13a. FATHER'S NAME <u>PHILIPP HERGET</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA PASEK</u>		14. NAME OF HUSBAND OR WIFE <u>GEO. WAGNER (DEC'D)</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>NONE</u>	17. INFORMANT <u>ANNA MOORE</u> Address <u>4669 PRIMM</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebr. Vas. thrombosis</u>		<u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>A. P. V. S.</u>		<u>2 yrs</u>
DUE TO (c) <u>Sten. Art.</u>		<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <u>4200</u>
20c. TIME OF INJURY	Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year <u> </u>
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

21. I attended the deceased from Oct. 2 59 to Oct. 22 59 and last saw her alive on Oct. 22/59
 Death occurred at Oct. 22 59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Jr & Moch M.D.</u>		22b. ADDRESS <u>1504 P. Shand</u>	22c. DATE SIGNED <u>10.27.59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 26 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kates 2906 Travis</u> ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>OCT 26 1959</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision: _____

Student _____
Signature of Student Embalmer

Signed E. L. ...

Licensed Embalmer No. 340

P. O. Address 2906 J...

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.