ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10627

-61-043002
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 5 mo.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Chronic Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:

c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 4398 W. Pine — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lucy — Middle: — Last: Wagner

4. DATE OF DEATH: Month 11-13-61 Day Year

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 3/28/1900

9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Robert B. Sanderson

13b. MOTHER'S MAIDEN NAME: Alice L. Haley

14. NAME OF HUSBAND OR WIFE: Elmer D. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mildred Sanderson, Address: 4398 West Pine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Due to two hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arterio-sclerotic heart disease — Several Years

DUE TO (c): 420.0H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): TRACHEITIS — PULMONARY EDEMA — CARCINOMA NASOPHARYN with Metastases

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 6-12-61, to 11-13-61 and last saw her/him alive on 11-13-61

Death occurred at 10:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John J. Keenan M.D.

22b. ADDRESS: 5800 Arsenal Ave

22c. DATE SIGNED: 11-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-16-61

23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery

23d. LOCATION (City, town, or county) (State): New Florence, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 15 1961

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

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_____ Signed G W Wilkinson

Signature of Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis M

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.