

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6256 **62-025297**
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED JUL 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb D.O.A.		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				St. Louis City Hospital		d. STREET ADDRESS 4164 North Grand Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print)			First Sarah			Middle (Sadie),			Last Wagner			4. DATE OF DEATH Month Day Year June 23rd, 1962.							
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-17-1879		9. AGE (last birthday) 83		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) Retired Seamstress				10b. KIND OF BUSINESS OR INDUSTRY Perry Laundry.				11. BIRTHPLACE (City and state or country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.,									
13a. FATHER'S NAME Thomas Mathie,				13b. MOTHER'S MAIDEN NAME Sarah O'Hare				14. NAME OF HUSBAND OR WIFE Math. W. Wagner, (Deceased)											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Address Mrs Charlotte Anderson, 4164 N. Grand													
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>Multiple Fractures of Entire Thoracic Cavity involving the entire cage on both sides with compounding of the rib fractures and penetration of the right lung with hemorrhage; and laceration of the right lung with hemorrhage; suffered when struck by car operated by one, Daniel Vinson, in front of about 4206 No. Grand, about</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____												INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4:46 P.M. on June 23, 1962.</u>										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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) See Above															
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Street 10		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>5:05 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <i>Selwyn L. Taylor, Coroner</i>						22b. ADDRESS <i>1300 Clark Ave.</i>				22c. DATE SIGNED <i>6-25-62</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-1962		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery,		23d. LOCATION (City, town, or county) St. Louis, County Mo.,		23e. REGISTRAR'S SIGNATURE <i>Hoan Smith, M.D.</i>											
24. FUNERAL DIRECTOR Math. Hermann & Son Inc., 2161 E. Fair Ave.						25. DATE RECD. BY LOCAL REG. JUN 25 1962													

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 Blair W. Nat

Licensed Embalmer No. 3737

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.