. No. 300
I—10-47
. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948
Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 11623

Registrar's No. 501

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1802 Bellevue Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether)
In this community 68 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1802 Bellevue Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Henry Wagenknecht
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lena Wagenknecht
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 6 (Day) 1865 (Year)

8. AGE: Years 82 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Meidermelrich (City, town, or county) Germany (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business

MOTHER FATHER
12. Name William H. Wagenknecht
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Katherine Dietmar
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Irene Duncan
(b) Address 1802 Bellevue St., St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) May 3, 1948 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1948 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from 10-23-1947, 19..., to 4-24-1948, 19...; that I last saw him alive on 4-19-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Disease, Arteriosclerotic	6 M.s
Due to: General Arteriosclerosis	
Due to	
Other conditions: Arthritis, Chronic (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 507 Pas St. Joseph, Mo. Date signed 4-24-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1948

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Raymond W. Merchant

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.