

Certificate of Death

11232

Certificate No. _____

FILED
1948 NOV 16 PM 12 00

1 NAME OF DECEASED JOSEPH WAGNER Social Security Number 111-09-4193
(Print or Type Name) First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York
(b) Co. Bronx (c) Post Office Bronx and Zone
(d) No. 1021 University Ave Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death Life

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

4 WIFE HUSBAND Mary Wagner

5 DATE OF BIRTH OF DECEDENT April 24 1889
(Month) (Day) (Year)

6 AGE 59 yrs. 6 mos. 21 days hrs. or min.
IF LESS than 1 day.

7 Occupation:
A Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. checker
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Manufacturer Business

8 BIRTHPLACE OF DECEDENT: (a) State New York
(b) County New York (c) City, Town or Village New York

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.A.

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR No Veteran

11 NAME OF FATHER OF DECEDENT Joseph Wagner

12 BIRTHPLACE OF FATHER (State or country) U.S.A.

13 MAIDEN NAME OF MOTHER OF DECEDENT Margaret Walsh

14 BIRTHPLACE OF MOTHER (State or country) U.S.A.

15 SIGNATURE OF INFORMANT Mary Wagner RELATIONSHIP TO DECEASED Wife ADDRESS 1021 University Ave

16 PLACE OF BURIAL OR CREMATION Calvary Cemetery DATE OF BURIAL OR CREMATION November 18, 1948

17 FUNERAL DIRECTOR James A. McCabe ADDRESS 132 East 70 St PERMIT NUMBER 3620

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

18 PLACE OF DEATH: (a) NEW YORK CITY; (b) Borough The Bronx
(c) Name of Hospital DOA Morrisania Hospital or Institution
(If not in hospital or institution, give street and number.)
(d) Length of stay in Hospital immediately prior to death DOA
(e) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, tavern, etc.

19 DATE AND HOUR OF DEATH November 15, 1948 P M

20 SEX male 21 COLOR OR RACE white 22 Approximate Age 59

23 I hereby certify (a) that in accordance with Section 878-20 and 873-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body
at Fordham Morgue
this 16 day of November 1948
(b) that I examined the body and investigated the circumstances of this death, and
I further certify from the investigation, Coronary sclerosis with occlusion; Myocardial fibrosis and infarction.
Signed Charles H. Hochman MD Assistant Medical Examiner
Approved James A. McCabe M.D. Chief Medical Examiner
M. E. Case No. 2036 Date 11/16/48

THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF CHRONIC DISEASES
615 N. Wolfe Street
Baltimore, Md., 21205

INFORMATION TO BE ABSTRACTED FROM NEW YORK CITY DEATH RECORDS:

Name of Deceased Joseph Wagner

Date of Death Nov. 15, 1948 Place of Death DOA Morrisania Hsp. NYC
City State

Date of Birth April 24, 1889 Age 57 Race W Sex M

Place of Birth NYC
City State

Marital Status: Sin. () Mar. (X) Wid. () Div. ()

Usual Place of Residence 1021 University Ave - Bronx NY
City State

Father's Name Joseph

Mother's Maiden Name Margaret Walsh

Name of Spouse Mary

Causes of Death Length of time between onset & death

- (A) Coronary sclerosis with
- (B) occlusion, Myocardial fibrosis
Due to
- (C) And infarction
Due to
- (D) _____

International Code for Cause of Death 093.4 - 094.1

Was death result of: Accident () Suicide () Homicide ()

Was autopsy performed? Yes () No ()

Informant Mary Wagner, wife

Cemetery Calvary Cem.
Address of cemetery

occupation - checker manufacturing business