

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

342  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....2 Registration District No.....791  
(b) Township..... Primary Registration District No.....1003 Registered No.....342  
(c) City.....St. Louis (d) Street No.....5447 Eichelberger Ave. St.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

240 Neisja Vogel  
(a) Residence, No.....5447 Eichelberger Ave. St.....14 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX.....Female 4. COLOR OR RACE.....White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....Carl Vogel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)Dec. 25th. 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Holland

FATHER 13. NAME  
John Smit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Holland

MOTHER 15. MAIDEN NAME  
Tnyntje Hogetoorm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Holland

17. INFORMANT (ADDRESS)  
Carl Vogel  
5447 Eichelberger Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
Memorial Park DATE 1-12-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)  
Provost Und. Co.  
3710 N. Grand Blvd.

20. FILED JAN 10 1939 J. D. Breda Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from  
Jan 3d, 1939, to Jan 9th/1939, 19.....  
I last saw h. s. r. alive on Jan 8th, 1939. Death is said to have occurred on the date stated above, at 5.45 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (left)

Date of onset

1/2/39

Other contributory causes of importance:  
Endocarditis acuta

1/6/39

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... NO

If so, specify.....

(Signed) M. Geo. T. ... M. D.

(Address) 5249 Raymond Ave. St. Louis, Mo

8. M. Brown  
5249 Raymont  
12-2 - 6-8

**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, .....

*Robert L. Burkman*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Robert L. Burkman*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

**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, above space should be left blank.**