

MAR 13 1939

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

791
1003

4982

Do not use this space.

1675

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis, Mo. (d) Street No. City Infirmary 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 79 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 5800 Arsenal St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th. 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) St. Louis, Mo.

FATHER 13. NAME Carleton Vogel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER 15. MAIDEN NAME Mary Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) J.G. Sullivan
5800 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2-23-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co.
3710 N. Grand Blvd20. FILED FEB 21 1939
J. B. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 193922. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937 to Feb. 20, 1939

I last saw her alive on Feb. 20, 1939. Death is said to have occurred on the date stated above, at 5:55 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? H & P Was there an autopsy? no23. 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.....
(Address) William Sapsin, M. D.
5600 Arsenal St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

A. A. Smithers

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

working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 E. 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.