

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution:  
**Alexion Brothers Hospital**  
(If not in hospital or institution, write street number or location)  
**6 Days**  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **CHARLES FOGELBACH**

3. (b) If veteran, name war.....  
3. (c) Social Security No. **488-03-9219**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Ida**  
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **April 13 1886**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **-** Days **28** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Freight Handler**

11. Industry or business **Anheuser-Busch**

12. Name **Peter Fogelbach**

13. Birthplace **Alsace-Lorraine**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Koch**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Fogelbach**

(b) Address **4232a Oregon Ave.**

17. (a) **Burial** (b) Date thereof **May 14, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cemetery**

18. (a) Signature of funeral director **J. H. Kibben & Sons & Sons Co.**

(b) Address **2842 Meramec St.**

19. (a) **MAY 12 1941** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1715**  
(d) Street No. **4232a Oregon Ave.** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th**  
year **1941** hour **4** minute **0** P.M.

21. I hereby certify that I attended the deceased from **30** to **May 11** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Appendicitis perforated**  
**Gangrenous Peritonitis**  
Due to **Peritonitis of Gallbladder**  
Due to **Cardio Vascular**  
**Renal Degenerative Disease**  
Other conditions: **Disease**  
(Include pregnancy within 3 months of death)

Duration

**6 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **Appendicitis**  
**Gangrenous Peritonitis**  
Of autopsy **Peritonitis**

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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **J. F. Brueck** (M. D. or other) **1715**  
Address **1715** Date signed **5/12**

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

990

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

Signed Robert J. Gelber

Licensed Embalmer No. 4144  
2842 Meramec St.  
P. O. Address St. Louis, Missouri

**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.**