

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29456

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1744

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 8/8/41
(Specify whether unknown.)

In this community unknown.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5609-a Page Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Lester C. Vogel

3. (b) If veteran, name war World

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1941 hour 2:45 minute 8 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept. 19, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 8, 1941 to August 20, 1941
that I last saw him alive on August 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, ACTIVE, FAR ADVANCED, WITH CAVITATION (3).

Duration Unknown.

8. AGE: Years Months Days If less than one day

45 11 1 hr. min.

Due to -

Due to -

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

Other conditions None.
(Include pregnancy within 3 months of death)

10. Usual occupation Insurance Broker

Major findings: Of operations -

11. Industry or business -

Of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

12. Name William F. Vogel

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Laura Wolf

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) BURIAL (b) Date thereof AUG 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS.

18. (a) Signature of funeral director L. M. Mullen.

(b) Address 5165 DELMAR BLVD

19. (a) AUG 21 1941 (b) E. J. McKeenan
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO.

(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) Means of injury 0

23. Signature R. W. GOOD, M.D. (M. D. or other) 0

Address Acting Chief Medical Officer signed 8/20/41

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 *H. G. Harris*

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.