No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9332

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2230

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: en route, City Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17 24 9

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

(d) Street No. 2816 Indiana Av. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Christian Vogel

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Verna C. Vogel

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. (Month) 15 (Day) 1872 (Year)

8. AGE: Years 69 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Herman (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired Mechanic

11. Industry or business

FATHER

12. Name Jacob Vogel

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Verna C. Vogel

(b) Address 2816 Indiana Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month), (Day), (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Witt Bro. Dr & Co

(b) Address 2929 S. Jefferson Av.

19. (a) MAR 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

no attending physician

20. DATE OF DEATH: Month Mar. day 9 year 1942 hour 4: minute 35 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Sclerosis;

Arteriosclerosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature Alfred Werry (M. D. or other)

Address Date signed 3/10/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Paul A. Shamblin....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Shamblin

Licensed Embalmer No. 3472

P. O. Address 2992 S. Jefferson

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.