

FILED SEP 23 1942 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **38 years**
years, months or days)

3. (a) PRINT FULL NAME **Gizela Vogel**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Emil Vogel** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 10, 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Poland** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel David Silverberg**
13. Birthplace **Poland** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Sprinta (unk)**
15. Birthplace **Poland** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Bertha Vogel**
(b) Address **710 Limit**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **9/16/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Hevre Kedisha**

18. (a) Signature of funeral director **Berger Memorial**
(b) Address **4715 Mc Pherson**

19. (a) **SEP 16 1942** (Date received local registry) (b) **J. F. Bredick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **710 Limit** (If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **38years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **14** year **1942** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **7/5** 19 **42** to **Sept 14** 19 **42**
that I last saw him alive on **Sept 14** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Due to **arteriosclerosis**
Due to _____
Other conditions **symptoms of heart failure**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 phelan** (M. D. or other) **msd**
Address **674 W. 9th** Date signed **Sept 16/42**

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 *W. A. Bergin*.....

Licensed Embalmer No. *1597*.....

P. O. Address *4715 McPherson*.....

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.