S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8875

FILED MAR 25 1943

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 2416

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: Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Gustave Vogelsang

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr. (Month) 4, (Day) 1868 (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Collinville (City, town, or county) Ill (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Smith
(b) Address 3740 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) MAR 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb 2, 1943, to March 12, 1943 that I last saw him alive on March 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Deletation Cardio-Sclerosis — Duration 1 day

Due to Coronary Sclerosis Insufficiency — 2 yrs

Due to Arterio Sclerosis — 1 mo

Other conditions (Include pregnancy within 3 months of death) Prostatic Obstruction

Major findings: Of operations Hypertrophied Prostate

Of autopsy

CHYSICIAN — 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 [signature] M. D. or other

Address Univ Club Bldg Date signed 3/13/43

(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.....

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

working under my personal supervision.

Signed.....Joe D. Berry.....

Licensed Embalmer No.....4219.....

P. O. Address.....2842 Meramec St. St. Louis, Mo.....

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.