

FILED MAR 20 1943

Registration District No. ... Primary Registration District No. ... Registrar's No. ...

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 10
(d) Street No. 3610 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Agnes M. Vogler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Casper Vogler 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 27th., 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business John Moore

MOTHER FATHER

12. Name John Moore 13. Birthplace Ireland

14. Maiden name Mary Butler 15. Birthplace Ireland

16. (a) Informant Miss Irene Vogler
(b) Address 3610 N. Newstead Ave.

17. (a) Burial (b) Date thereof 3-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindely Blvd.

19. (a) MAR 8 1943 J. P. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th.,
year 1943 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from March 4, 1943 to March 7, 1943;
that I last saw him alive on March 7, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis Duration 1 year
Due to General arterio sclerosis 10 year

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None
PHYSICIAN

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 Arthur J. Donnelly (M. D. or other) Dr. P.
Address 3720 Washington Date signed 3-8-43

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

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 H Van Matre*
Licensed Embalmer No. *2825*
P. O. Address. *4340 Lafayette*

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.