

REGISTRATION DISTRICT NO. **318**

PRIMARY REGISTRATION DISTRICT NO. **1003**

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

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:
1524 College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Z. Vogel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph F. Vogel 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Louis Trentmann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mattney
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Julius Vogel
(b) Address 8232 Frederick St.

17. (a) Burial (b) Date thereof 7-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) JUN 30 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8232 Frederick St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 2, 1943, to June 28, 1943,
that I last saw him or alive on June 28, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: general arteriosclerosis

Due to Chronic myocarditis

Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Henry C. Westerman (M. D. or other) M.D.
Address 2136 E. Grand Blvd Date signed 6-29-43

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 *Frank H. Sturt*

Licensed Embalmer No. 2265

P. O. Address 4609 N. Bridge Ave

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.