

V. S. No. 2
 OOM-2-43
 Re. 5-17-39
 I x3397

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27153

State File No. _____

REG. DIST. NO. 213

Primary Registration District No. 1003

Registrar's No. 7419

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4730 Alabama Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 65 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Louis Vogel

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Nov 3 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 13 hr. min.

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

10. Usual occupation Retired merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Vogel
 { 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name Sabina 9
 { 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Una Birdsell

(b) Address 3458 Park an

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter and Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) AUG 11 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
 (c) City or town City of St. Louis 9 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 4730 Alabama Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
 year 1943 hour 7 minute _____ a.m.

21. I hereby certify that I attended the deceased from June 10
1943, to Aug 16, 1943;
 that I last saw him alive on Aug 7, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion 4 hrs.
Coronary artery Disease 3 yrs.

Other conditions none
(include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy none.
 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?

While at work? _____ (Specify type of place)
 (a) Means of injury 0

23. Signature J.D. Shelton (M. D. or other) MD
4703 Virginia Date signed 8-17-43

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

Dr. H. J. Shelton
4705 Virginia Ave
1:30 to 3:30

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 Virgil L. Berryman
Licensed Embalmer No. 4818
P. O. Address 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.