

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: St. Anthony Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** JOSEPH JOHN VOGELWEID

**3. (b) If veteran,** name war World War I

**3. (c) Social Security No.** 497-18-8690

**4. Sex** Male

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Frieda Vogelweid

**6. (c) Age of husband or wife if alive** 47 years

**7. Birth date of deceased** November 9, 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>53</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

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

**10. Usual occupation** Meat Cutter

**11. Industry or business** Kroger Gro. & Baking Company

**12. Name** Joseph Vogelweid, Sr.

**13. Birthplace** France  
(City, town, or county) (State or foreign country)

**14. Maiden name** Caroline Nagel

**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Frieda Vogelweid

**(b) Address** 4150 Potomac Street

**17. (a) Burial** Mar. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Old S. S. Peter & Paul Cem.

**18. (a) Signature of funeral director** Wm. J. Robert L. & U.

**(b) Address** 1905 So. Grand Blvd.

**19. (a) MAR 19 1946** **(b) J. T. Bradeski**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4150 Potomac Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 18  
year 1946 hour 3 minute 34 A.M.

**21. I hereby certify that I attended the deceased from** Nov 45 to March 18  
1945 to 1946

that I last saw him alive on March 7  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Duration \_\_\_\_\_

Due to Coronary failure of R. L. b. Lung. Coronary Artery Disease

Due to \_\_\_\_\_

Other conditions H7  
(Include pregnancy within 3 months of death)

Major findings: Coronary of R. Lung  
As cause of heart & Mediastinum

Of autopsy \_\_\_\_\_

**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) no

(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? \_\_\_\_\_

**23. Signature** W. J. Robert L. & U. (M. D. \_\_\_\_\_)  
(Specify type of place) (e) Means of injury \_\_\_\_\_

Address 56 Glen St. Date signed 2/19/46

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**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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

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.**