

FILED AUG 2 1946

Registration District No.

Primary Registration District No.

3011

Registrar's No.

110

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Atwood Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CHRISTINE VOGELMEIER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Fe 5. Color W 6. (a) Single, widowed, divorced, Married  
6. (b) Name of husband or wife Ed Vogelmeier 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Aug 13 1885  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Henry Roethamer  
13. Birthplace Berks Pa  
14. Maiden name Elizabeth Ahrens  
15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Vogelmeier  
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Carrollton Mo  
18. (a) Signature of funeral director Stanley Gibson  
(b) Address Carrollton Mo

19. (a) 7/30/46 (b) Mrs. Herbert Cabert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1946 hour 12 minute 40 P.M.  
21. I hereby certify that I attended the deceased from June 18 1946 to July 28 1946  
that I last saw her alive on July 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Due to  
Due to

Duration 1 hr

Other conditions. (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy 110

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) (Specify type of place)  
Means of injury

23. Signature Tom H. Platy (M.D. or other)  
Address Carrollton Date signed 7/29/46

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

RECEIVED

District Health Officer No. 3,

District File Number \_\_\_\_\_

Date Filed 8-10-46



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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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.