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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34795

FILED OCT 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9056

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3449 S Spring Av
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3449 S Spring Av
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME August Vogel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Grace

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

7. Birth date of deceased Jan (Month) 14 (Day) 1871 (Year)

8. AGE: Years 77 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laura V Marsalek
(b) Address 3817 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Av

19. (a) OCT 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1948 hour 10.15 minute A M.

21. I hereby certify that I attended the deceased from October 25th, 1937, to October 18, 1948
that I last saw him alive on October 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hours
Due to Arteriosclerosis	10 yrs
Hypertension	10 yrs
~~Due to~~ Chronic Nephritis	10 yrs
Other conditions Myocarditis Chronic	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph R. Macko (M. D. or other) M.D.
Address 1302 N Kingshighway Date signed 10/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Berry C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.