S. No. 300
v. 10.48

X150
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11359

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 502

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5338 Devonshire Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): PAULINE
b. (Middle):
c. (Last): VOGEL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 20, 1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 5, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Kussenberger
13b. MOTHER'S MAIDEN NAME: Margaret Voelpel
14. NAME OF HUSBAND OR WIFE: Joseph Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Amalia Mueller
ADDRESS: Kirkwood, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Idiopathic Thrombocytopenia — ? months ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractures, Simple left Humerus & left radius 3 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 125 29lb XF
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Kirkwood — **(COUNTY)**: St. Louis — **(STATE)**: Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 22 1950 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 2-24, 1950, *to* 2-24, 1950, *that I last saw the deceased alive on* 2-24, 1950, *and that death occurred at* 3:49 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry K. Oetting (Degree or title) MD
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo.
23c. DATE SIGNED: 2-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/50
24c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 2-27-50
REGISTRAR'S SIGNATURE: Herbert R. Womko M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H. Bopp, Inc.
ADDRESS: Kirkwood, Mo.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Felix Almand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.