

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3274**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3961 Juniata</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2169</b>	
		STREET ADDRESS (If rural, give location) <b>3961 Juniata</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>Vogel</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 8, 1950</b>
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Sep. 5, 1879</b>
9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
10a. USUAL OCCUPATION (Give kind of work done in ordinary life, even if retired) <b>watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PostDispatch</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Zacharias Vogel</b>	
13b. MOTHER'S MAIDEN NAME <b>Louise Pauley</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Vogel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-01-1362</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Vogel</b>		ADDRESS <b>3961 Juniata (son)</b>	
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>18 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4/5/50</b> to <b>4/8/50</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Ernest T. Rowe, MD</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>4/7/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-8-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Apr 8 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd.,</b>	

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

**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 \_\_\_\_\_

*David J. Ross*

Licensed Embalmer No. 1242

P. O. Address 6322 So. Grand

**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.