

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 16 1951

State File No. **6760**
982

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS 3644 Marceline Terrace				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Vogel			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1951					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 22, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe worker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Vogel		13b. MOTHER'S MAIDEN NAME Catherine Kruz		14. NAME OF HUSBAND OR WIFE Jemima Vogel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 497-01-2716		17. INFORMANT'S SIGNATURE OR NAME Jemima Vogel ADDRESS 3644 Marceline Ter.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA ANTECEDENT CAUSES METASTATIC CARCINOMA LUNG LT I LUNG RT Morbid conditions, if any, giving DUE TO (b) CARCINOMA OF LUNG RT (lowce) rise to the above cause (a) stating the underlying cause last. DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS GENERALIZED					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 3 Mos 4 Mos 3 YRS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X				
22. I hereby certify that I attended the deceased from 2-1-1947 to 1-28-1951 , that I last saw the deceased alive on 1-28-51 , 19 51 , and that death occurred at 5:05 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE James L. Brant (Degree or title) M.D.				23b. ADDRESS 2838 So Grand Blvd.		23c. DATE SIGNED 1-30-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/31/51		24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 31 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE J. Ziegenhein & Sons		ADDRESS 7027 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Francis J. Quinn

Licensed Embalmer No. 2245

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.