

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10707**

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2850**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2139	
c. LENGTH OF STAY (In this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) 5800 Arsenal Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY		3. NAME OF DECEASED a. (First) HENRY (Type or Print) b. (Middle) c. (Last) VOGELPOHL	
4. DATE OF DEATH (Month) (Day) (Year) 3-24-52		5. SEX MALE <input type="checkbox"/> 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Sept. 8, 1886	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM VOGELPOHL		13b. MOTHER'S MAIDEN NAME CHARLOTTE KRIEGER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records, 5800 Arsenal St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) H ypertensive Cardio Vascular Disease		DUE TO (b) _____		years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)	

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? 443X	
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22. I hereby certify that I attended the deceased from **July 1, 1951**, to **March 24, 1952**, that I last saw the deceased alive on **March 24, 1952**, and that death occurred at **11:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE George Esker M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal Street.		23c. DATE SIGNED 3/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-27-1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24e. DATE REC'D BY LOCAL REG. MAR 26 1952		24f. REGISTRAR'S SIGNATURE Carl Smith M.D.	

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.