

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40817**
Registrar's No. **10206**

FILED DEC 2 1952

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

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Registrar's No.

10206

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal Street.			
3. NAME OF DECEASED (Type or Print)		a. (First) Adam		b. (Middle) John	
		c. (Last) Vogel		4. DATE OF DEATH (Month) (Day) (Year) 11 6 52	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH 10-20-96		9. AGE (In years: last birthday) 56		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe factory worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Adam Vogel		13b. MOTHER'S MAIDEN NAME Minnie Vogel	
14. NAME OF HUSBAND OR WIFE Gertrude Rath		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
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.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUODENAL ULCER, RECURRENT		1950			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5410	
22. I hereby certify that I attended the deceased from 3-20-1950 , to 11-6-1952 , that I last saw the deceased alive on 11-6-1952 , and that death occurred at 6:25 a.m. , from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) G. K. Buehler, M.D.		22b. ADDRESS 5400 Arsenal St.		22c. DATE SIGNED 11/6/52	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE NOV. 8, 1952		23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	
23d. LOCATION (City, town, or county) ST. LOUIS MO		23e. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		23f. ADDRESS 3924 N. 20 St.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 6 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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

Gustav W. Dickterle

Licensed Embalmer No. 4329

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.