

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40818**
Registrar's No. **10080**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2207	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4010 No. 23rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles (Carl) b. (Middle) c. (Last) Vogtlin		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 29, 1883
9. AGE (in years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Amer. Car Co.	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME (Unknown) Vogtlin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Vogtlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) Yes 1914 to 1916		16. SOCIAL SECURITY NO. 348-16-9794		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Vogtlin, 4010 No. 23rd St.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Occlusion DUE TO (c) Intraaural thrombus		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 4201	

22. I hereby certify that I attended the deceased from **11:05 p.m.**, 19**52**, to **11:05 p.m.**, 19**52**, that I last saw the deceased alive on **11/30/52**, and that death occurred on **11/31/52**, from the causes and on the date stated above.

23a. SIGNATURE Carl Smith (Degree or title)		23b. ADDRESS 1500 Grand Ave		23c. DATE SIGNED 11/31/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/4/52		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			

DATE REC'D BY LOCAL REG. NOV 3 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 N. Grand Blvd	
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John J. Gaines*
Licensed Embalmer No. *4128*
P. O. Address *Shreveport, 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.