

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36080
State File No.
8728
Registrar's No.

FILED OCT 26 1954

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
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. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4219 Sacramento Avenue, 15				e. STREET ADDRESS (If rural, give location) 4219 Sacramento Avenue, 15,							
3. NAME OF DECEASED (Type or Print)			a. (First) CHARLES		b. (Middle) P.		c. (Last) VOGEL		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24th, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 24th, 1888		9. AGE (in years last birthday) Months Days 66		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Streetcar Opr.				10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.,		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Vogel			13b. MOTHER'S MAIDEN NAME Hannah Meyer			14. NAME OF HUSBAND OR WIFE Charlotte Vogel, nee Young					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charlotte Vogel, 4219 Sacramento Ave., 15						
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) myocardial failure								INTERVAL BETWEEN ONSET AND DEATH Sudden			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease								1 year?			
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? 4200							
22. I hereby certify that I attended the deceased from 8-6 , 19 54 , to 9-4 , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Arthur K. Froebel, M.D.					23b. ADDRESS 1780 Kingshighway			23c. DATE SIGNED 9-24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/27/54		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. SEP 25 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUPEL		ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Missouri				

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.....
Signature of Student Embalmer

Signed..... *Ralph C. Linder*

Licensed Embalmer No..... *42*

P. O. Address..... *J. L. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

