

FILED JUN 7 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

19392

4462

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>				a. STATE Missouri		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION De Paul Hospital 5 minutes				c. CITY OR TOWN Country Club Hills 0		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 7413 Chandler Ave				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last David William Vogler				4. DATE OF DEATH Month Day Year May 9 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 19, 1945	
9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Louisville, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Paul Vogler			
14. MOTHER'S MAIDEN NAME Mildred Knollman				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 Address Paul H. Vogler, 7413 Chandler Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE- Structure of Skull; Epidural Hemorrhage DUE TO (b) suffered under disease while DUE TO (c) riding bicycle struck parked machine in vicinity of 7400							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Ketchum St., St. Louis County				
20c. TIME OF INJURY Hour Month, Day, Year 8:15 p.m. 5 8 1957			20d. PLACE OF INJURY (e.g., in or about home, -farm, factory, street, office bldg., etc.) 27 Street				
20e. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis County Mo.			21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 150 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Joseph M. Clark			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 13 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair			25. DATE RECD. BY LOCAL REG. MAY 10 '57		26. REGISTRAR'S SIGNATURE J. C. Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *G. W. Natz*
Licensed Embalmer No. 37

P. O. Address *G. Lou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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..