Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38278

FILED NOV 1 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10096

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 15 Lutheran Hosp/TAL. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: 1
c. CITY OR TOWN: St. Louis 2169 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 16 4265 Connecticut St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Harry Middle: J Last: Vogel

4. DATE OF DEATH Month Day Year: 10/26/57

5. SEX: 0 Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: 10/25/1895

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Jefferson County, Mo 0

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Vogel

14. MOTHER'S MAIDEN NAME: Mary Ziegelmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW1

16. SOCIAL SECURITY NO.: 494-24-1587

17. INFORMANT Address: Adele Vogel 4143 Connecticut St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion fol.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Pancreatitis
DUE TO (c) 420.1

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE —

21. I attended the deceased from 10/20/57, to 10/26/57 and last saw her/him alive on 10/25/57
Death occurred at 12:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. F. Plag M. D 0

22b. ADDRESS: 3150 Morganford

22c. DATE SIGNED: 10/[illegible]/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/29/57

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.

23d. LOCATION (City, town, or county) (State): St. Louis, Mo

24. FUNERAL DIRECTOR ADDRESS: Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.: OCT 28 '57

26. REGISTRAR'S SIGNATURE: Earl Smith MD
MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hadley F. Kaeller Jr

Licensed Embalmer No. 495

P. O. Address St Laur

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