

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042654

FILED VS. DEC 8 1959

Primary Registration District No.

Registrar's No.

210851

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 Min.		c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1733 Beulah Pl.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN J. VOGEL				4. DATE OF DEATH Month Nov. Day 22 Year 1959.				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 5, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 6 Days 12	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper			10b. KIND OF BUSINESS OR INDUSTRY Pandjiris Weldment		11. BIRTHPLACE (City and state or country) Falls City, Neb.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John J. Vogel			13b. MOTHER'S MAIDEN NAME Wanda Sullivan		14. NAME OF HUSBAND OR WIFE Theresa Vogel			
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. 526-10-0441		17. INFORMANT Address Theresa Vogel 1733 Beulah Pl.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct - massive						INTERVAL BETWEEN ONSET AND DEATH 5 min		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis						5 min		
DUE TO (c) Hypertensive corded Vascular disease						3 yrs -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) 420.1				
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6/28/56 to 11/22/59 and last saw him alive on 10/17/59 Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John King (Degree or title)				22b. ADDRESS 689 E Big Bend, 19,		22c. DATE SIGNED 11/23/59		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peter & Pauls Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR A. H. Bocklage F.H. 6536 Clayton, Rd.				25. DATE RECD. BY LOCAL REG. NOV 24 1959		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3.P.

STATEMENT BY LICENSED EMBALMER

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

~~or~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Etta Rose Remick

Licensed Embalmer No. 4283

P. O. Address St. Louis

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