

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029619

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2217

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH AUG 13 1962
 a. COUNTY **ST. LOUIS**

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 **Webster Groves, Mo.** Length of stay in 1b **55 days**

c. CITY OR TOWN **Lemay** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Glenwood Home & Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **153 Betty Jean Lane** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MINNA** Middle **VOGEL** Last **VOGEL**

4. DATE OF DEATH Month **7** Day **28** Year **62**

5. SEX **F** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**

8. DATE OF BIRTH **3-25-1890** **9. AGE (last birthday)** **72** **IF UNDER 1 YEAR** Months **7** Days **28** **IF UNDER 24 HR** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **Own Home** **11. BIRTHPLACE (City and state or country)** **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY** **U S A**

13a. FATHER'S NAME **Gustav Cramer** **13b. MOTHER'S MAIDEN NAME** **Elvira-Last Name Unknown** **14. NAME OF HUSBAND OR WIFE** **Roy**

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.** **17. INFORMANT** **Mrs. Ethyl Brown** Address **6247 Magnolia ave.**

18. CAUSE OF DEATH (Enter only one cause per line) **PART I. DEATH WAS CAUSED BY:** IMMEDIATE CAUSE (a) **Carcinoma of left breast & metastasis approx 9 Mo.** INTERVAL BETWEEN ONSET AND DEATH **approx 9 Mo.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ **PART III. If deceased was female was there a pregnancy in last 90 days.** Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **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 **7-1-62** to **7-28-62** and last saw her **7-28-62** Death occurred at **6:50 PM.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree & title) **Dr. H. C. ...** **22b. ADDRESS** **1300 Grand Rd. St. Louis B. Mo.** **22c. DATE SIGNED** **7-30-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **7-31-1962** **23c. NAME OF CEMETERY OR CREMATORY** **National Cemetery** **23d. LOCATION (City, town, or county)** **Jefferson Bks. Mo.** (State) _____

24. FUNERAL DIRECTOR **C. Hoffmeister Mortuaries** ADDRESS **781 1/2 S. Broadway** **25. DATE RECD. BY LOCAL REG.** **7-30-62** **26. REGISTRAR'S SIGNATURE** **John B. ...**

USE BLACK INK OR TYPEWRITER RIBBON

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 *James C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.