

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. South of Barton St)

File No. **29097**

Registered No. **8686**

St. Ward)

2. FULL NAME

(a) Residence. No. 2116 S 11th St. 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Vogel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 | 1 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER David Vogel

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT (Address) Mrs Mamie Vogel 2116 S 11th St

15. FILED SEP 30 1927 Max E. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1927

17. I HEREBY CERTIFY That I attended deceased from 15th Aug, 1927, to Sept 29th 27, 1927, that I last saw him alive on Sept 28th 27, 1927, and that death occurred, on the date stated above, at HA m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Localized (duration)..... yrs. 9 mos. da.

CONTRIBUTORY (SECONDARY) 31 (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examinations

(Signed) Thomas H. ..., M. D.
, 19 (Address) 3129 N. ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Matthews Oct 2 1927

20. UNDERTAKER ADDRESS
Wacker-Helders 2331 S. Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important.

