

**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. **4836 - Sigel Ave**)

File No. **31786**

Registered No. **9132**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **4836 - Sigel Ave** 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.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widowed**

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

**John Vogely**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Sept 11, 1857**

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

**70**

**1**

**1**

**8. OCCUPATION OF DECEASED**

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

**at home**

(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)

**Switzerland**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**14.**

INFORMANT (Address)

**John Kersting  
4836 - Sigel Ave**

**15.**

FILED OCT 14 1927

**Mar 6 Darkoff**

REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Oct 12 1927**

**17.**

I HEREBY CERTIFY, That I attended deceased from **Oct 4**, 19**27**, to **Oct 12**, 19**27**, that I last saw him alive on **Oct 11**, 19**27**, and that death occurred, on the date stated above, at **6:30 A** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Lobar Pneumonia**

**108**

**CONTRIBUTOR (SECONDARY)**

**101A**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH?**

DATE OF.....

**WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS.**

(Signed) **St. Habig**, M. D.

**Oct-13, 1927 (Address) 5817 Bienville - N. Louis**

\*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**

**New St. Marcus**

**Oct 14 1927**

**20. UNDERTAKER**

**ADDRESS**

**Wacker-Helderts**

**2331 - S Broadway**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

