

**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**

File No. **25389**

Township **St. Louis Mo.**

Primary Registration District No. **1003**

Registered No. **7198**

City **St. Louis Mo.** (No. **5446 Nottingham**) St. _____ Ward _____

2. FULL NAME **Charles Vogel**

(a) Residence. No. **5446 Nottingham** St., **14** Ward.

(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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 14 - 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **61 5 25**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Lather**
(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 **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) **Fred Vogel 5446 Nottingham**

15. FILED **14 10 1928** **Mar C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 9 - 1928**

17. I HEREBY CERTIFY That I attended deceased from **July 9** 19**28** do **July 9** 19**28** that I last saw h. **alive** on **July 9, 10 a.** 19**28**, and that death occurred, on the date stated above, at **10:10 a.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: **Cerebral Hemiplegy 100 Apoplexy**

CONTRIBUTORS (SECONDARY) **Lou Truening** (duration) yrs. mos. da. **2**

18. WHERE WAS DISEASE CONTRACTED **1010** IF NOT AT PLACE OF DEATH? DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **W. P. Vogel**, M. D. 7/9, 1928 (Address) **303 7th St**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New St. Marcus** DATE OF BURIAL **7-17-28**

20. UNDERTAKER **Ziegenhain B. Co. 2623 Cherokee** ADDRESS

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.

