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.

OCT 11 1934

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

Do not use this space.

34222

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 9010

1. PLACE OF DEATH

County

Township

City St Louis (No. Deaconess Hos. St. Ward)

2. FULL NAME August Vogelsang

(a) Residence, No. St. MR Ward. Breeze Ill.
(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: 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: Mary Vogelsang.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5 1861

7. AGE: Years 73 | Months | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermantown Ill.

FATHER

13. NAME: John Vogelsang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Vennemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirkwood Mo.

17. INFORMANT (ADDRESS): Fred Vogelsang Breeze Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breeze Ill DATE Sept 10 1934

19. UNDERTAKER (ADDRESS): Brugge Breeze Ill.

20. FILED OCT 10 1934 J. F. Redeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8 1934

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1934, to September 8, 1934

I last saw him alive on 9/8, 1934. Death is said to have occurred on the date stated above, at 9 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of prostate	
Abscess of prostate	
Chronic nephritis	

Other contributory causes of importance:

Uremia

Name of operation Prostatectomy Date of 8-27-34

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hermann Mass M. D.

(Address) 520 Metropolitan Bldg (Hermann Mass)

Brugge
Breyze Ill