JAN 13 1936

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

791

1. Do not use this space.

41353

File No. 10573

Registered No.

**1. PLACE OF DEATH**

County

Township St. Louis

City (No. Lutheran Hospital St. Ward)

Registration District No. 1003

Primary Registration District No.

**2. FULL NAME** John Ernst Vogel

(a) Residence No. R.F.D. St. N.R. Ward. Waterloo, 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~~: Minna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1898

7. AGE: Years 37 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: George Vogel

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

MOTHER

15. MAIDEN NAME: Rosena Fritzinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Minna Vogel R.F.D. Waterloo, Ill.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Burkeville, Ill. DATE 12-16, 1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.L.C. 7814 S. Broadway

20. FILED DEC 14 1935 J. F. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935 to Dec. 13, 1935

I last saw him alive on Dec. 14, 1935. Death is said to have occurred on the date stated above, at 3:45 A. M.

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

| | Date of onset |
|---|---|
| Status Lymphaticus duration (2) Days | |
| Atelectasis of both Lungs | 12/10 |

Other contributory causes of importance:

| | |
|---|---|
| Acute Dilatation of Stomach duration (2) Days | |
| Cholecystectomy for removal of Gallstones, Nephrectomy | |

Name of operation: Cholecystectomy and appendectomy Date of: 12/11/35

What test confirmed diagnosis? physical and clinical findings. Was there an autopsy? yes

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

Accident, suicide, or homicide? Deceased died not Date of injury, 19

Where did injury occur? Operation (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?

If so, specify

(Signed) C. L. Nestel, M. D.

(Address) 3606 Gravois Ave.

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.