

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

Do not use this space. *U*

AUG 25 1936

27883

1. PLACE OF DEATH

County St. Louis Registration District No. 787
 Township Meramec Primary Registration District No. 6032
 City Allenton, Mo. (No. Allenton, Mo. Private pool) St. _____ Ward _____

2. FULL NAME Sam Vogel

(a) Residence, No. 5172a Cates St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24th 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novelties
 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) St. Louis, Mo.

FATHER 13. NAME Emil Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Gergrude Silverberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Emil Vogel
 (ADDRESS) 5172 a Cates

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chevrah Kadish DATE 7/14/36

19. UNDERTAKER Herman Kindschopf
 (ADDRESS) 5216 Delmar

20. FILED 7-15-1936 Wassdick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:30 PM
 The principal cause of death and related causes of importance were as follows:

Accidental drowning, while in swimming in Resort pool at Allenton, Mo., was missed by other comrades and when all became alarmed commenced searching of the

Other contributory causes of importance:
pool to recover his body.
Sec. Accidental drowning

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____
 (Signed) Subst. J. J. J. J. M. D.

(Address) 137 1/2 ...

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.

