

JUL 15 1936

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

Do not use this space.

28001

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewish Hospital**)

File No.....
Registered No. **6713** St. Ward)

2. FULL NAME **Gertrude Vogel**
1360 Hamilton Ave.
(a) Residence, No. **6** St., **6** 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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry Vogel**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 1878**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
ab. 59 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) **Kanaus Lithuania**

13. NAME **Abraham Isaac Fram**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

15. MAIDEN NAME **Elka Block**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

17. INFORMANT **Mrs. Ray Magidson**
(ADDRESS) **520 Westgate**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Beth Ham Hag** DATE **7/3/36**, 19

19. UNDERTAKER (ADDRESS) **H. B. Berger 2715 McPherson**

20. FILED **JUL 2 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 2, 1936**
22. I HEREBY CERTIFY, That I attended deceased from **March 10**, 19**36** to **July 2**, 19**36**
I last saw h **er** alive on **July 1**, 19**36** Death is said to have occurred on the date stated above, at **5 A.M.**
The principal cause of death and related causes of importance were as follows:

General Carcinomatosis

Date of onset **6-2-36**

Other contributory causes of importance:

Carcinoma of stomach

Jan. 10, 1936

Name of operation **Laparotomy** Date of **6/2/36**
What test confirmed diagnosis? **operation** 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?.....
If so, specify **Joseph Magidson**, M. D.
(Signed) **Joseph Magidson**
(Address) **520 Westgate**

