

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.

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

Do not use this space.

**OCT 3 1936**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
 Township \_\_\_\_\_ Primary Registration District No. 4470  
 City University City (No. 7511 Pershing Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 33273  
 Registered No. 91

**2. FULL NAME** Armin Vogel

(a) Residence, No. 7511 Pershing Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) July 27, 1906.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 1 1

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Clerk  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain office  
 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) Germany

MOTHER / FATHER  
 13. NAME Julius Vogel

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

15. MAIDEN NAME Matilda Decker

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

17. INFORMANT (ADDRESS) Harold Vogel  
7511 Pershing Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Sinai Cem. DATE Aug. 30 1936

19. UNDERTAKER (ADDRESS) Arman Fiedkopf  
5215 Delmar Blvd

20. FILED Aug 29 1936 Lena V. Woeller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28/1936 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 6 P.m.

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

Felo De Ce, mentally incapable (Date of onset \_\_\_\_\_)  
for some time, went into kitchen, closed same all tight. Sat in chair with head over cooking-gas stove, -- towel over head, turned on burners;

Other contributory causes of importance: which he threatened to do on several occasions. Brother came home and found house all closed and full of over

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

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. Surgeon M. D.  
3715 Delmar St  
Arman Fiedkopf

8/29/36

gas. Found him in this position.

Sec; Illuminating gas poisoning.