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.

NOV 4 1936

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

Do not use this space.

39256

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10289

City Saint Louis, Missouri. (No. Barnard Free Skin & Cancer Hospt. St. ..... Ward)

2. FULL NAME Lillian M. Vogler,

(a) Residence, No. 1912 Wyoming Street. St., 24 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1st, 1906.

7. AGE: YEARS 30 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Saint Louis, Missouri.

FATHER

13. NAME Louis Vogler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER

15. MAIDEN NAME Lottie Palmier

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

17. INFORMANT (ADDRESS) Louis Vogler 1912 Wyoming Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE October 13, 1936

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee Street.

20. FILED OCT 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936 to Oct 10, 1936

I last saw her alive on Oct 9th, 1936 Death is said to have occurred on the date stated above, at 9:00A m.

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

Carcinoma of Bartholin gland c̄ pulmonary metastases Gen'lized Peritonitis about Oct 3

Date of onset

Other contributory causes of importance 53 E

~~Pulm~~ Bronchopneumonia terminal

Partial vulvectomy & Bassett Pt. Sept 12

Name of operation ..... Date of ..... Yes

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? No

If so, specify .....

(Signed) Pearson C. Kellogg, M. D.

(Address) 3427 - Washington