APR 9 1937

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

Do not use this space.

791
1003

File No. 9944
Registered No. 2504

**1. PLACE OF DEATH**

County ..... Registration District No. ..... 1003

Township ..... Primary Registration District No. .....

City ST. LOUIS MO (No. 801 S. 2nd St. ..... St. ..... Ward)

**2. FULL NAME** AUGUST A. VOGEL

(a) Residence, No. 801 S 2nd St. St., 23 Ward. (If nonresident, give city or town and State)
(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.

## 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~~ JESSIE VOGEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30 1886

7. AGE — Years: 50 — Months: 10 — Days: 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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) Chicago Illinois

FATHER

13. NAME JULIUS VOGEL

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

MOTHER

15. MAIDEN NAME MARY BRANDSTETTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELLEVILLE ILLINOIS

17. INFORMANT JESSIE VOGEL (ADDRESS) 801 S 2nd ST.

18. BURIAL, CREMATION, OR REMOVAL BELLEVILLE, ILL. PLACE WALNUT HILL DATE MARCH 6 1937

19. UNDERTAKER E. J. Schnur (ADDRESS) 3125 Lafayette Ave

20. FILED MAR 3 1937 J. A. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937, to March 2 1937

I last saw h. alive on March 2 1937. Death is said to have occurred on the date stated above, at 12:46 A m.

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

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | |

Other contributory causes of importance:

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 ....., 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) F. Reder, M. D.

(Address) 607 N. Grand Ave

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.