

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

Do not use this space.

JUL 8 - 1937

791

21813

1. PLACE OF DEATH

County

Registration District No.

1003

File No.

5565

Township

Primary Registration District No.

Registered No.

City, Saint Louis, Missouri (No. 1961B, Arsenal Street.)

St. Ward)

2. FULL NAME Nicholas Vogel.

(a) Residence, No. 1961B, Arsenal Street. St. 24 Ward. 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

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

22. I HEREBY CERTIFY That I attended deceased from July 1936 to June 3 1937

I last saw h. / a. alive on June 3 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16th, 1860.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 11 17

Date of onset

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

Chronic Myocarditis

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

P. J. C.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Ignatz Vogel

Name of operation Date of
What test confirmed diagnosis? Arteriosclerosis Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

15. MAIDEN NAME Alvesia Amstaldon.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury
Nature of injury

17. INFORMANT Hedwig Vogel (ADDRESS) 1961B Arsenal Street.

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul June 7th. 1937

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

If so specify (Signed) Wm. Demco. M. D.

20. FILED JUN 5 1937 J. Bredeck Registrar.

(Address) 1319 20. Parkway

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.

2908
29
26
22

