

FEB 12 1938

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

322  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **BARNES HOSPITAL** St. **178**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

**Charles Vogel 240**

(a) Residence, No. **6201 Berthold Ave** St. **[ ]** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 **Rose Vogel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 10 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**65 11 24**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Print Dept**

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

10. Date deceased last worked at this occupation (month and year) **Retired 9-7-37** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

13. NAME **John Vogel**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Rose Vogel** (ADDRESS) **6201 Berthold Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St Marcus** DATE **1-6-38**

19. FUNERAL DIRECTOR **The S. S. Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILED **JAN 6 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 3 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 24 1937** to **JAN 3 1938**

I last saw h. i. m. alive on **1-3 1938**. Death is said to have occurred on the date stated above, at **10:00 p.m.**

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

**CARCINOMA of LARYNX** Date of onset **1 year ago**

Other contributory causes of importance: **Hemorrhage**

Name of operation **Tracheotomy** Date of **11-24-37**  
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. R. Bradley** M. D.  
(Address) **BARNES HOSPITAL**

Every copy of this certificate should be filed in the office of the registrar. The name of the informant should be stated EXACTLY. PHYSICIANS should state exactly the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**