

REC'D JUL 12 1938

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

20045

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. **5816 Ridge** Registered No. **5184**
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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.

2. PRINT FULL NAME

Abraham Vogel **240**
(a) Residence, No. **5816 Ridge** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **(unk)**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab. 85

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
9. Industry or business in which work was done, as saw mill, bank, etc. **retired**
10. Date deceased last worked at this occupation (month and year) **1918** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Roumania**

13. NAME **Itzchok Isaac Vogel**

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

15. MAIDEN NAME **Pessie (unk)**

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

17. INFORMANT (ADDRESS) **Mrs. Celia Vogel**
5816 Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **6/7 38**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. Berger**
4715 McPherson

20. FILED 19 **38** **J. D. Budler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4 1938**

22. I HEREBY CERTIFY, that I attended deceased from **September 1937** to **June 4 1938**

I last saw him alive on **June 4 1938** Death is said

to have occurred on the date stated above, at **6:00 p.m.**

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? **Clinical** 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) **Jo. M. Orenstein** M. D.

(Address) **5300^a Easton Ave**

No Embalming
W. H. Berg

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.....

Licensed Embalmer No.....

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