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.

I X12004

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

REC'D JUN 12 1939

16916
Do not use this space.

791
1003
4450

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St Louis (d) Street No. Jewish Hospital - St. Louis, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 240 John A. Vogel
(a) Residence, No. 0 St. 16 3627 Arkansas
(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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lydia.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-8-1879
7. AGE: 60 YEARS, MONTHS: 3, DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman.
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Mo.

FATHER
13. NAME: John G Vogel. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Pauline Schneck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): Edw Vogel. 3627 Arkansas
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Crematory DATE: 5/16 1939
19. FUNERAL DIRECTOR (ADDRESS): Peetz Bros 3029 Lafayette Ave
20. FILED MAY 15 1939 19 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May - 13 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to May 13, 1939
I last saw him alive on May 13, 1939. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	Jan 1939
	?

Other contributory causes of importance:
Metastases to liver
Old hemiplegia

Name of operation: None Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Leon Bromberg, M. D.
(Address) 3720 Washington St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Owens

Licensed Embalmer No. 2245

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.)