DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38316

Registration District No. 701 | Primary Registration District No. | Registrar's No. 10155

1. PLACE OF DEATH: 1008

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Uniontown NR
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Martha Amalia Vogel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John S.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 1 (Day) 1887 (Year)

8. AGE: Years 52 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Uniontown, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gotthold Hopfer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amalia Kasten
15. Birthplace Uniontown, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature John S. Vogel
(b) Address Uniontown, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/29/39 (Month) (Day) (Year)
(c) Place: burial or cremation Uniontown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) NOV 28 1939 (Date received local registrar) (b) J. B. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28th year 39 hour 3 am minute am M.

21. I hereby certify that I attended the deceased from Nov. 25, 19 39, to death, 19 ;
that I last saw her alive on Nov 27, 19 39;
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia — Streptococcus
Due to: Acute Pelvic Cellulitis
Pt had Strep Septicemia
Due to: from injury to finger

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Not - 15 - 39
(b) Date of occurrence Nov 15-1939
(c) Where did injury occur? Union town Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury unknown

23. Signature William D. Kount (M. D. or other)
Address 4500 Olive Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.