

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony's Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Vogel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rose Vogel 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased June 10, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 19 _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____
 MOTHER FATHER { 12. Name Charles Vogel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Sabina Arct
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. Vogel
 (b) Address 4132 Louisiana

17. (a) Burial (b) Date thereof 4-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation S. S. Peter and Paul

18. (a) Signature of funeral director Southern Funeral Home
 (b) Address 6322 S. Grand Blvd.

19. (a) MAR 30 1940 (b) J. F. Bredich
(If relative) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 4132 Louisiana
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
 year 1940 hour 9 minute 30 AM.
 21. I hereby certify that I attended the deceased from 3-26, 1940, to 3-29, 1940;
 that I last saw him alive on 3-29, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of trachea Duration days
 Due to Carcinoma of glands of neck [Thyroid?] 1 yr.
 Due to _____

Other conditions (include pregnancy within 3 months of death) 53
 Major findings: Of operations _____
 Of autopsy _____

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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

_____ (Specify type of place)
 Where at work? _____ (e) Means of injury _____

23. Signature Walter M Jones (M. D. or other) _____
 Address 3400 Meramec Date signed 3/30/40

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 Frank Lukowicz

Licensed Embalmer No. 2504

P. O. Address St Louis Mo

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.