

MAY 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 hours**
(Specify whether years, months or days)
 In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3808 Connecticut**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME **Lottie Barbara Vogel 240**

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 **Victor** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **December 3, 1880**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Theodore Underiner**

13. Birthplace **Fredericktown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Anthony**

15. Birthplace **Fredericktown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Victor H. Vogel**

(b) Address **3808 Connecticut**

17. (a) **Burial** (b) Date thereof **4/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Christian Cemetery, Fredericktown, Mo.**

18. (a) Signature of funeral director **Wacker - Helderich**

(b) Address **2331 S. Broadway**

19. (a) **APR 29 1940** (b) _____
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr. 27** day _____
 year **1940** hour **5** minute **40** p. M.

21. I hereby certify that I attended the deceased from **April 27, 40**
 _____, 19 _____, to **April 27**, 19 **40**,
 that I last saw him alive on **April 27**, 19 **40**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis.** Duration **4 days**

Due to _____

Due to _____

Other conditions **None.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None.**

Of autopsy **None.**

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) **Is**

(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)

While at work? _____ (e) Means of injury _____

28. Signature **Dr. Rex H. Bach** (M. D. or other) _____

Address **215 P. Ward** Date signed **4/29/40**

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.

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.....

Robert Wheeler

Licensed Embalmer No. *2178*

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.