

No. 2  
11-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16189

State File No.

MAY 8 1940 784  
Registration District No.

Primary Registration District No. 200

Registrar's No. 798

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lairmore, Mo.  
(If outside city or town limit, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lairmore Mo. Baden Station R. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 15 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lairmore Mo. Baden Station  
(If outside city or town limit, write "RURAL") R 3  
(d) Street No. Baden Station R 3 Box 204  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1940 hour 2 minute 7 p. M.

21. I hereby certify that I attended the deceased from 7:20  
\_\_\_\_\_ 1940, to Apr 21 1940;  
that I last saw her alive on Apr 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Cardiac Dehiscence  
Due to lobes pneumonia  
by on per corditis 6 wks  
Due to \_\_\_\_\_

Other conditions Pertussis  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? Yes  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature W. G. [unclear] (M. D. or other) \_\_\_\_\_  
Address 8201 N. [unclear] Date signed 4/23/40

3. (a) PRINT FULL NAME Anna Vogelsang 242

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowe

6. (b) Name of husband or wife William Vogelsang 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Nov 24 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis City (City, town, or county) (State or foreign country) 0

10. Usual occupation House Work 6

11. Industry or business \_\_\_\_\_ 6

12. Name Henry Penningroth

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Heidbrink

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florine Trulliman

(b) Address Baden St. R. 3 - Box 204

17. (a) Burial (b) Date thereof April 24 1940  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Black Jack Cem.

18. (a) Signature of funeral director Diedrich Funeral Home  
(b) Address 8319 Halls Ferry Rd.

19. (a) APR 23 1940 (b) [unclear]  
(Date received local registry) (Registrar's signature)

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

MOTHER FATHER

**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 Arthur P. Friedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis City

**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.**