

049
No. 2
-1-4-41
5-17-39
I X28390

FILED APR 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2548

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether
 In this community about 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1913 (Rear) N. Florissant
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Vogelsang

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

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Herman Vogelsang
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased April 1, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	11	16	hr. _____ min. _____

9. Birthplace unknown 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER {
 12. Name unknown
 13. Birthplace unknown 4 Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Alice Hennebury
 15. Birthplace unknown 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Angela Mangan
 (b) Address 1913 N. Florissant

17. (a) burial (b) Date thereof Mar 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave.

19. (a) MAK 21 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1941 hour 7:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 13, 1941 to March 17, 1941
 that I last saw h. er alive on March 17, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>7 days</u>
Due to <u>Essential Hypertension</u>	<u>5 yrs</u>
Due to <u>Generalized Arteriosclerosis</u>	<u>10 yrs</u>

Other conditions. 1
(Include pregnancy within 3 months of death)

Major findings: g3a g2a
 Of operations _____
 Of autopsy Cerebral + Coronary fibrous non malignant
 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? _____

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

23. Signature [Signature] (M. D. or _____)
 Address 1515 Lafayette Avenue Date signed _____

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

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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 Charles J. Goodhart
Licensed Embalmer No. 2777
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, fact should be so stated above.