

0206  
No. 2  
-1-4-41  
5-17-39  
K26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16519

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4037

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 #10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 1/2 hrs. (Specify whether  
In this community 59 yrs 1 mo 26 das  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 1711  
(d) Street No. 4046 North Market St (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1941 hour 6:00 minute P. M.  
21. I hereby certify that I attended the deceased from May  
10, 19 41 to May 10, 19 41  
that I last saw h. im. alive on May 10, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Lobar pneumonia  
Diabetes mellitus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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.

3. (a) PRINT FULL NAME Henry Vogler  
3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alice Vogler 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased Mar. 14, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 1 26 hr. min.

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

10. Usual occupation Common laborer

11. Industry or business W. P. A

MOTHER FATHER { 12. Name Henry A. Vogler  
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Magdelene Kunkelmann  
15. Birthplace unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Albert Vogler  
(b) Address 4046 North Market St.

17. (a) burial (b) Date thereof May 14, 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) MAY 13 1941 (b) [Signature]  
(Date received for registration) (Registrar's signature)

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 m. m. Karl (M. D. or other) 0  
Address 1515 Lafayette Ave. Date filed 5/12/41

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

60  
17  
9

JUL 2 1941

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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 Goodrich*

Licensed Embalmer No. 2777

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, fact should be so stated above.**