

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33177

Registration District No. _____

Primary Registration-District No. 1003

Registrar's No. 8131

1. PLACE OF DEATH: 791
 (a) County _____
 (b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward Harry Vogel
 3. (b) If veteran, name war None
 3. (c) Social Security 488-01-0973

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Anna
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 22 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 19 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Manufacturing

MOTHER FATHER
 12. Name John Vogel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Pauline Schneck
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Vogel Jr.
 (b) Address 7357 Northmoor

17. (a) Cremation (b) Date thereof Oct 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director A. Kron L. & U. Co.

(b) Address 2707 N Grand Blvd

19. (a) OCT 13 1941 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

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. 405 Washington Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
 year 1941 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from Sept 28, 1941, to Oct 11, 1941, that I last saw him alive on Oct 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphosarcoma
 Due to 55
 Due to 55
 Other conditions 55
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy Lymphosarcoma

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) _____
 (c) Means of injury _____
 23. Signature Revellyn Hall M. D. or other? _____
 Address BARNES HOSPITAL Date signed _____

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

22

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 A. Moore

Licensed Embalmer No.

3041

P. O. Address.....

2117 E. Grand

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.