

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

FILLED NOV 24 1941

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8610

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:
6150 Gambleton Pl. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Norman Francis Vogel

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan. 1st 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Jacob Vogel

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

14. Maiden name Charlotte Geisler

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

16. (a) Informant Frederick Vogel
(b) Address 6150 Gambleton Pl.

17. (a) Burial (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 29 1941 (b) J. F. Brudick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0004
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6150 Gambleton Pl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th
year 1941 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct 10th
to Oct 27 1941
that I last saw him alive on Oct 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema.
Toxemia
Due to Gas gangrene of
Chest wall + mediastinum
Due to Lung abscess
bronchopleural Fistula.
Other conditions Diabetes Mellitus
Epilepsy.

Major findings:
Of operations _____
Of autopsy Lung abscess.

Duration _____
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) _____
(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 injury) _____
(e) Manner of injury _____

23. Signature J. F. Brudick (M. D. or other) H. D.
Address 216 S. Kingshighway Date signed 10/29/41

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 *Clavin D. McDerma*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.