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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39571

State File No. 2

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2347

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 EUNICE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 49 YRS 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 813 EUNICE AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME AUGUST VOGGLE

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 ANNA VOGGLE 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased DECEMBER-14-1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day - hr. - min.

9. Birthplace BADEN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business HARDWOOD FINISHER

12. Name UNKNOWN VOGGLE

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

14. Maiden name UNKNOWN

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

16. (a) Informant Arnold Vogels

(b) Address 813 EUNICE AVE W.G.

17. (a) BURIAL (b) Date thereof NOV-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM. Parker Land Co

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

(b) Address NOV 22 1941 WEBSTER GROVES MO

19. (a) NOV 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1941 hour 4:30 P. minute - M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941 to Nov. 20, 1941.

that I last saw him alive on Nov. 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. [Signature] Duration [Signature]

[Signature]

Due to. [Signature]

Due to. [Signature]

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations. [Signature]

Of autopsy. [Signature]

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) [Signature]

(b) Date of occurrence [Signature]

(c) Where did injury occur? (City or town) (County) (State) [Signature]

(d) Did injury occur in or about home, on farm, in industrial place, in public place? [Signature]

While at work? (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 11/21/41

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

NOV 26 1941

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..... *G. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address..... *Webster Street*

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.