S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5082

Registration District No. FILED MAR 17 1942 791

Primary Registration District No. 1003

Registrar's No. 1384

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether

In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3961 Juniata Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. ANNA VOGEL

3. (b) If veteran, name war ——— 3. (c) Social Security No. ———

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

6. (b) Name of husband or wife Ernest Vogel 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 16, 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months – Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Troy, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Neslage
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Troy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ernest Vogel
(b) Address 3961 Juniata Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 16,1941 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue

19. (a) FEB 14 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1942, 19__, to Feb. 12, 1942 that I last saw her alive on Feb. 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma left kidney. Decreased kidney function

Due to

Due to

Other conditions Respiratory paralysis 1 hr
(Include pregnancy within 3 months of death)

Major findings: Of operations Massive malignancy Entire retro peritoneal area

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Phillip N. Davis (M. D. or other)

Address 539 No. Grand Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. N. Davis
5-39-71 Grand
9-12

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 ..... [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Co

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.